



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		MCDCP / Substance Abuse Prevention and Control	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Matt Galletta	
(If applicable) Department Reference #:		CD0-24-4452	
Amount: (Contract/Amendment/Grant)	\$ 91,800.00	Advantage CT / RQS #:	CT 10A 20231030000000001240
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date: 9/30/2025
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		UNIV OF MAINE SYS dba OFFICE OF RESEARCH ADMIN ORONO, ME	
Brief Description of Goods/Services/Grant:		Epidemiology/Surveillance	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

This agreement will enhance suicide surveillance and data analysis through expanded collaboration with the Maine Violent Death Reporting System (MVDRS), overseen by the Margaret Chase Smith Policy Center at the University of Maine. Additional special analysis of MVDRS data will inform suicide prevention activities by identifying populations experiencing a disproportionate impact of suicide deaths, and circumstances that might increase an individual's risk for suicide. The Provider shall collaborate with the Department to conduct relevant analysis, interpretation, and dissemination of MVDRS data; participate in current suicide surveillance initiatives; and provide data relevant to suicide prevention for the public.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The Margaret Chase Smith Policy Center is the sole entity in the state that oversees and has access to the Maine Violent Death Reporting System. Funding for MVDRS is provided by a federal agreement administered by the Maine Office of the Chief Medical Examiner (OCME).

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The costs and rates of this vendor were considered fair and reasonable and the best value for the Department.

4. Describe the plan for future competition for the goods or services.

If in the future a different MVDRS vendors is identified by the OCME, the Department will establish a new agreement with the identified vendor.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

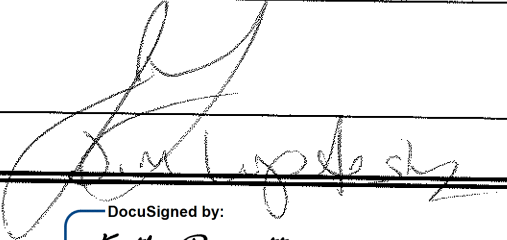
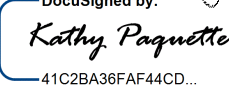
Does this request utilize ARPAMJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	11 - Dec - 23
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	5/23/2024