

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		Maine CDC / Disease Prevention and Control	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Ryan Roberts	
(If applicable) Department Reference #:		CD0-20-4579	
Amount: (Contract/Amendment/Grant)	\$ 51,000.00	Advantage CT / RQS #:	CT-10A-20200519*3373
CONTRACT	Proposed Start Date:	5/15/2020	Proposed End Date: 6/29/2021
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:		Maine Cancer Foundation Falmouth, ME	
Brief Description of Goods/Services/Grant:		Development of the 2021-2025 Maine Cancer Plan	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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

The purpose of this Agreement is the completion of the 2021-2025 Maine Cancer Plan. The Department and the Provider have worked closely together on numerous initiatives focused on reducing the burden of cancer in Maine. In 2016, the Provider, launched a restructured cancer coalition called Maine's Impact Cancer Network (MICN). Currently, as per the guidance provided by the CDC's National Comprehensive Cancer Control Program (NCCCP), the MICN, the State of Maine's designated cancer coalition, is working closely with the Department, updating the Maine cancer plan which will be published in July 2021.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The Maine Cancer Foundation is housing the Maine Cancer Impact Network which is a cancer prevention coalition for Maine. The US CDC guidelines states that there must be a collaboration with cancer coalitions in developing the state cancer plans. This agreement fulfills that requirement.

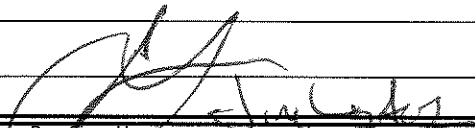
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department consulted with other agencies to gain perspective on rates and fees for these services and determined that rates negotiated through this Agreement are reasonable.

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

The Department does not intend to continue these services beyond 6/29/2021.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:			Date: 10-Jan-20
Signature of DAFS Procurement Official:	<small>Docu signed by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	6/22/2020