

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/Jennifer Levesque | | | |
| (If applicable) Department Reference #: | | CD0-21-4572 | | | |
| Amount: (Contract/Amendment/Grant) | \$ 150,000.00 | Advantage CT / RQS #: | CT 10A 20210412000000002727 | | |
| CONTRACT | Proposed Start Date: | 3/1/2021 | Proposed End Date: | 2/28/2023 | |
| 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: | | Morehouse School of Medicine Atlanta, GA | | | |
| Brief Description of Goods/Services/Grant: | | Technical Assistance | | | |

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 to support the Department with workforce diversity, with a focus on racial and ethnic health disparities. Pursuant to a Community Program to Improve Minority Health project grant (CDFA No. 93.137) awarded by the United States Department of Health and Human Services, Public Health Service, Office of the Assistant Secretary for Health, Office of Minority Health, the Maine CDC is charged with supporting HIV prevention and surveillance activities to help improve the HIV care continuum among racial and ethnic minorities in Maine. The Maine CDC is also charged with adapting and implementing a diabetes self-management program to be culturally and linguistically appropriate for the same population.

The Provider shall provide technical assistance and/or training on cultural competency for health professionals at the different access points.

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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 grant application encouraged applicants to partner with minority-serving institutions, in particular medical schools at Historically Black Colleges and Universities (HBCUs), to support workforce diversity and encourage a focus on racial and ethnic health disparities. Morehouse School of Medicine is a nationally recognized HBCU. Morehouse is comprised of a multidisciplinary team of professionals that have demonstrated excellence in leadership development programs, translational research, public service, and clinical care to help address the health needs of vulnerable populations. Morehouse has established a pioneering health policy framework and robust culturally centered research agenda to encourage health and well-being among ethnically diverse families. The Department has a MOU with Morehouse University specific to the work within this agreement and this MOU was signed 11/5/2020 by Commissioner Lambrew.

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

The expenses and salaries are comparable with those of other agreements with this vendor for similar services. The Department considers the negotiated costs reasonable based on the level of effort proposed by the Provider. The rates have been approved by US CDC.

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

The Department does not intend to RFP these services at this time.

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.

DocuSigned by:



Printed Name: Jim Lopatosky

Date: May-14-2021

**Signature of DAFS
Procurement Official:**

Kathy Paquette

Printed Name: Kathy Paquette

Date: 6/22/2021