



**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:		DHHS/MECDC/Environmental and Occupational Health Program		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Jennifer Levesque		
(If applicable) Department Reference #:		CD0-21-5367B		
Amount: (Contract/Amendment/Grant)	Original:	\$58,177.70	Advantage CT / RQS #:	CT 10A 20201223000000001932
	Amend:	\$29,935.10		
	Revised:	\$88,112.80		
CONTRACT	Proposed Start Date:		Proposed End Date:	
	Original Start Date:	01/01/2021	Effective Date:	06/01/2022
AMENDMENT	Previous End Date:	07/31/2022	New End Date:	08/31/2022
	Project Start Date:		Grant Start Date:	
GRANT	Project End Date:		Grant End Date:	
	Vendor/Provider/Grantee Name, City, State:		Leslie Walleigh, West Rockport, Maine	
Brief Description of Goods/Services/Grant:		Consultation Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" 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 is being amended to extend the time and funds, as well as expand the scope of services as follows. Funding and the scope of services is expanded to include the review and evaluation of existing and expected updated guidance for clinicians evaluating patients with PFAS exposure. The Department does not have staff or capacity for this type of work and there is an increasing demand for these services in response to the growing issue of PFAS contamination in Maine. The recently passed State Supplemental Budget (PL 635 Sec. XX-2. 7 CHAPTER 10-D) requires the Maine CDC, in coordination with the Department of Agriculture Conservation and Forestry to consider establishing a PFAS medical monitoring and blood levels of PFAS testing program for persons whose drinking water or agricultural land is found to be contaminated by PFAS. This amendment will allow Maine CDC to begin this work immediately while we set up a new contract to continue this work for the next year (see plan for future competition under #4 below).

This amendment also provides additional time and funding to continue adult lead exposure consultations, work on a new protocol for responding to adult lead exposures, and train and transfer knowledge to Maine CDC staff. Additionally, the contractor's deliverables related to carbon monoxide poisoning medical chart review have proceeded more slowly than anticipated, due to a need for the contractor to work more of the available hours on lead poisoning consultation projects, and delays in obtaining necessary records from external sources, requiring additional time to complete them.

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

The selected vendor retired from State employment at the end of July 2020 from a Public Health Physician position which had responsibility for leading the Childhood Lead Poisoning Prevention Unit's health team (including coordinating consultations with providers for acute cases of childhood lead poisoning), responding to adult lead exposures, providing medical consultations related to other environmental and occupational chemical exposures and co-leading the Carbon Monoxide Poisoning Surveillance System. The vendor, therefore, is in a unique position to provide these services. There are no other State of Maine employees with the medical training and expertise to cover these services.

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

The hourly rate of \$100 for this agreement is consistent with the hourly rate (salary and fringe) for a State of Maine Public Health Physician at Step 8 (\$95.00/hour) which is what the provider earned when she was in the position, and includes additional funds (5%) to cover standard business overhead costs incurred by the provider such as insurance, internet, and supplies.

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

While we had originally anticipated this to be a one-time contract, due to the unexpected need to continue services, we will be pursuing a contract under a Master Agreement for temporary staffing services to begin 9/1/22.

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



Does this request utilize ARPA/MJRP 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:	8 - June - 22
Signature of DAFS Procurement Official:			
Typed Name:	kathy Paquette	Date:	6/24/2022