

**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.*

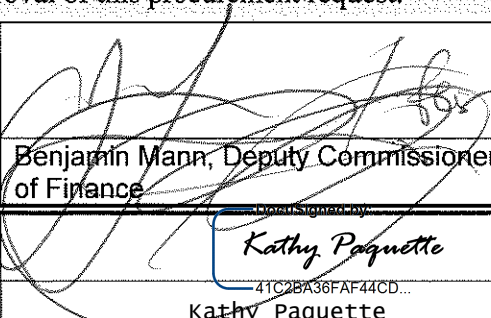
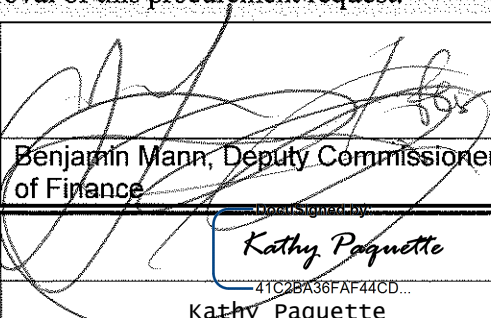
PART I: OVERVIEW				
Department Office/Division/Program:		Maine CDC / Maine Immunization Program		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Jeanne Garza		
(If applicable) Department Reference #:		CD0-21-5256D		
Amount: (Contract/Amendment/Grant)	Current: \$1,820,000 Amend: \$300,000 Revised: \$2,120,000	Advantage CT / RQS #:	10A 20210114*2036	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	1/13/2021	Effective Date:	11/1/2021
	Previous End Date:	12/31/2021	New End Date:	1/31/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Promerica Health 380 US Route 1 Falmouth, ME		
Brief Description of Goods/Services/Grant:		Community Vaccine Coordination		

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 checked="" type="checkbox"/>	L. Other Authorization: COVID 19

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.	<p>COVID Response assistance for the Department with providing large-scale vaccination effort planning in Maine.</p> <p>The Provider shall collect, organize and synthesize key insights to inform planning efforts and shall provide tools and support to coordinate the broader planning efforts of the Department. Provider will provide project and planning management support for community vaccine sites.</p> <p>This amendment provides funding to support only Holiday Season media buys through January 2022.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Provider has experience providing healthcare clinical, logistics, and marketing solutions for the health care and public health field at the regional, state, and national levels.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The costs for this this agreement are fair and reasonable based upon other agreements with the Provider for these services. The Department looked at available companies to provide these items; this organization was the only one that could support the Department's need. As such, the Department reviewed the pricing, which was deemed acceptable in light of the public health emergency</p>
4. Describe the plan for future competition for the goods or services.	<p>This a limited time contract and the Department does not intend to RFP these services at this time.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	Benjamin Mann, Deputy Commissioner of Finance	Date:	
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/24/2022