

**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 / Disease Prevention and Control			
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Melanie Boucher			
(If applicable) Department Reference #:		CD0-23-4562			
Amount: (Contract/Amendment/Grant)		\$ 132,008.00	Advantage CT / RQS #:	CT 10A 20230323000000002432	
CONTRACT	Proposed Start Date:	03/01/2023	Proposed End Date:	08/31/2024	
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:		Christine O'Connor Surry, Maine			
Brief Description of Goods/Services/Grant:		Provider Education			

**PART II: JUSTIFICATION FOR VENDOR SELECTION**

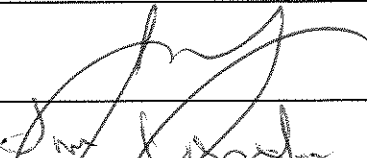

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input 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.	The purpose of this Agreement is to provide education and training to health care providers in Maine so they may better perform the procedures for diagnosis and treatment of asthma, including distinction between COPD and asthma. The Provider shall deliver educational materials and information to health care providers regarding the recently updated national guidelines and best practices for the diagnosis and treatment of asthma. The Provider shall also promote awareness of the state's new Asthma Self-Management Education Program among health care providers so they can refer patients to this program.
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 is a nurse and Certified Asthma Educator. Additionally, to fulfill the contract requirements, this vendor is also certified by the American Association for Respiratory Care (AARC) for spirometry and COPD education. She is one (1) of five (5) individuals certified for this educational program within the country and the only one in Maine.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The hourly rate of \$43.52 per hour for these services does not exceed the rate for an individual with the above-mentioned credentials. Comparison of this rate to that of a similar State position with related responsibilities--but without clinical requirements--also demonstrates the cost savings of this contract.
4. Describe the plan for future competition for the goods or services.	As the AARC is the only certified agency for spirometry and COPD education, future initiatives will check with the AARC to see if anyone is certified within the state of Maine. If so, then an RFP process will be initiated.

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):			Date: 24-May-23
Typed Name:			
Signature of DAFS Procurement Official:			Date: 6/6/2023
Typed Name:	Kathy Paquette	41C2BA36FAF44CD...	