



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

**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:		MCDCP/Division of Disease Prevention/Public Health Nursing		
Department Contract Administrator or Grant Coordinator:		/ Melanie Boucher		
(If applicable) Department Reference #:		CD0-23-42XX		
Amount: (Contract/Amendment/Grant)		MULTIPLE – See Excel Worksheet Below	Advantage CT / RQS #:	MULTIPLE – See Excel Worksheet Below
CONTRACT	Proposed Start Date:	5/1/2023	Proposed End Date:	6/30/2023
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:		MULTIPLE – See Excel Worksheet Below		
Brief Description of Goods/Services/Grant:		One-time grant funding to the state's Free Health Clinics.		

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

Pursuant to Public Law, Chapter 458, An Act to Fund the State's Free Health Clinics, the Department of Health and Human Services is to provide grants to the State's free health clinics. Notwithstanding any provision of law to the contrary, the Department of Health and Human Services shall provide the funds appropriated to the State's free health clinic. In issuing the grants, the department developed a criteria whereby each free health clinic, would provide services to those that are uninsured or inadequately insured, and where clinics otherwise operated with no other public funding. As a condition of receiving grant funding, each free health clinic must, no later than July 31, 2023, report to the department information about how the grant funding would be used by the clinic.

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

DHHS, Maine Center for Disease Control and Prevention (MCDCP) has determined that these providers are willing and qualified providers meet the definition of Free Health Clinics as defined by the 130<sup>th</sup> Maine Legislature, Public Law, Chapter 458, First Special Session, LD #47 – An Act to Fund the State's Free Health Clinics. The selection was based on statutory reference and provided as part of documentation for the submission of the fiscal estimates for the legislative process.

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

Funds were allocated to the Free Health Clinics by Public Law, Chapter 458, LD #47. The amount each clinic receives is determined by a base payment plus an additional payment according to how many hours per week they are in service.

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

The department does not plan to competitively procure these willing and qualified services in the future

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

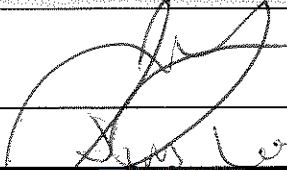

Does this request utilize ARPA/MJRP funds?

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:	<i>Ann Lepitaky</i>	Date:	1-Jun-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette <small>41C2BA36FAF44CD...</small>	Date:	6/8/2023

DHHS Office:	MCDC				
Service:	Public Health Nursing				
CHN-SFY23					
Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Amount
Oasis Health Network	CD0-23-4211	20230517000000003271	5/1/2023	6/30/2023	\$25,560.00
Trinity Jubilee Center	CD0-23-4212	20230517000000003272	5/1/2023	6/30/2023	\$8,118.00
Friends of the Portland Community Free Clinic	CD0-23-4213	20230517000000003273	5/1/2023	6/30/2023	\$30,636.00
Ellsworth Free Medical Center	CD0-23-4214	20230517000000003274	5/1/2023	6/30/2023	\$17,082.00
Mid-Coast Health Net Inc	CD0-23-4215	20230517000000003276	5/1/2023	6/30/2023	\$8,604.00
<b>Total Items</b>	5			<b>Totals</b>	<b>\$90,000.00</b>