



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/Maine CDC/Disease Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melanie Boucher		
(If applicable) Department Reference #:		CD9-23-4425		
Amount: (Contract/Amendment/Grant)	\$ 963,659.00	Advantage CT / RQS #:	CT 10A 20230214000000002103	
CONTRACT	Proposed Start Date:	01/01/2023	Proposed End Date:	06/30/2024
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:		Wabanaki Public Health & Wellness Inc, Bangor, ME		
Brief Description of Goods/Services/Grant:		Maine Prevention Network Services, administration of Public Health Prevention Services, including those focusing on tobacco, substance use, and obesity prevention in the Department's Public Health Districts.		

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 the administration of statewide Public Health Prevention Services, including those focusing on tobacco, substance use, and obesity prevention. This agreement is to create part of the structure for the delivery of Maine Prevention Network (MPN) services, within each of the Department's Public Health Districts (Districts), to measurably improve health outcomes associated with substance use, tobacco use and exposure, and obesity.

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

Wabanaki Public Health and Wellness is the public health organization serving the tribes. The Commissioner's Office approved sole sourcing with Wabanaki Public Health and Wellness to implement Maine Prevention Network to the tribal public health district.

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

Maine CDC developed a funding formula for Maine Prevention Network that factored in population, rurality, and burden for the specific program areas (tobacco, substance use and obesity). This funding formula was reviewed and approved by the Commissioner's Office. All funding for Maine Prevention Network contracts including this sole source contract were determined via the funding formula.

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

The Maine Prevention Network contracts are on a 10-year procurement cycle. The Department intends to sole source with Wabanaki Public Health and Wellness for the 10-year cycle of Maine Prevention Network.

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

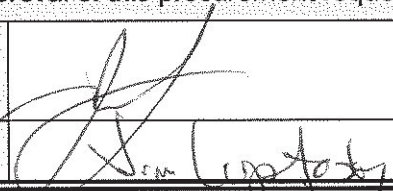
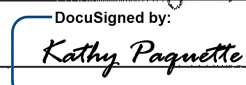
Does this request utilize ARPA/MJRP funds?

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):		Date:	27-Feb-23
Signature of DAFS Procurement Official:	DocuSigned by: 	Date:	6/13/2023
Typed Name:	Kathy Paquette	Date:	6/13/2023