



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.

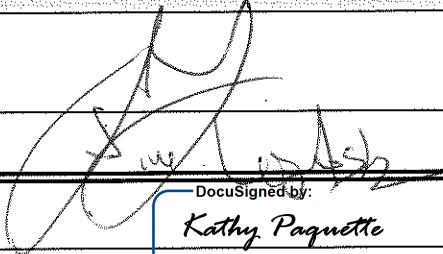
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/MCDCP/Infectious Disease Surveillance/HIV Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Melanie Boucher		
(If applicable) Department Reference #:		CDM-23-5151		
Amount: (Contract/Amendment/Grant)	\$ 149,250.00	Advantage CT / RQS #:	20221219000000001703	
CONTRACT	Proposed Start Date:	1/1/2023	Proposed End Date:	12/31/2024
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:		Downeast Aids Network DBA Health Equity Alliance Bangor, ME 04401		
Brief Description of Goods/Services/Grant:		Community HIV Outreach 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 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 Community HIV Outreach Services. The provider shall provide comprehensive HIV, STD, and Hepatitis C prevention, testing, education, Referral services, and PrEP Navigation services to those at the highest risk for HIV disease transmission. This will be conducted within the context of point-of-care HIV, Hepatitis C, and syphilis testing. The provider shall also provide Outreach and education to community partners and citizens to increase awareness of and access to HIV, STD, and Hepatitis C testing, treatment, and prevention.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Department issued RFP# 202101008 and received no proposals for Regions 2 and 3. The Provider has years of expertise in providing these services to the most at-risk and target populations in these regions. Having community providers offer testing services is important as they have the greatest access to high-risk individuals. The provider has experience providing HIV, viral hepatitis, and STD outreach and education to communities at risk for acquiring infectious diseases. The provider has also been innovative in providing the same quality services during COVID-19 and will continue to be able to provide these services both during and after the pandemic.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to the grantee.	The Department has determined the funding to be fair and reasonable for the services the providers are to offer.
4. Describe the plan for future competition for the goods or services.	The Department anticipates competitively procuring these services with a 1/1/2026 contract start date.

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: 25-MAR-23
Typed Name:			
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette		Date: 6/15/2023
Typed Name:	Kathy Paquette	41C2BA36FAF44CD...	