

**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:		Jennifer Levesque / Melanie Boucher		
(If applicable) Department Reference #:		See Attached Table		
Amount: (Contract/Amendment/Grant)		\$3,870,736 See Attached Table	Advantage CT / RQS #:	See Attached Table
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2025
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:		See Attached Table		
Brief Description of Goods/Services/Grant:		Harm Reduction - Syringe 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 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.

This Agreement aims to expand and increase certified syringe service programs (SSP) in Maine. These services would expand staffing, referral services, distribution of naloxone, and fund the purchase of physical program supplies (such as syringes, cotton balls, prep pads, filters, and HIV and Hepatitis C point-of-care rapid testing kits) for Certified Hypodermic Apparatus Exchange Programs in Maine, as directed in LD1707 and LD1552 and by Title 22, §1341, Hypodermic Apparatus Exchange Programs (<http://legislature.maine.gov/statutes/22/title22sec1341.html>) and any applicable rules, see: <https://www.maine.gov/sos/cec/rules/10/chaps10.htm>

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

DHHS Maine CDC has determined that these providers are uniquely qualified to provide these services because they offer Certified Hypodermic Apparatus Exchange Programs in Maine and are therefore one of the only agencies that can legally do this work. Certified Hypodermic Apparatus Exchange Programs in Maine, as directed in LD1707 and LD1552 and in accordance with Title 22, §1341, Hypodermic Apparatus Exchange Programs (<http://legislature.maine.gov/statutes/22/title22sec1341.html>) and any applicable rules, see: <https://www.maine.gov/sos/cec/rules/10/chaps10.htm>

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

As directed by Title 22 MSRA, Chapter 252-A, §1341, the funding of each Exchange Program is “based on rates of intravenous drug use and negative health outcomes related to drug use in the geographic area surrounding a program; if applicable, the number of services historically provided by the certified program; and other relevant factors”. The rate for this service is comparable amongst the different willing and qualified providers.

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

The Department does not intend to RFP these services as they are offered to Providers who are willing and qualified to provide these services

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

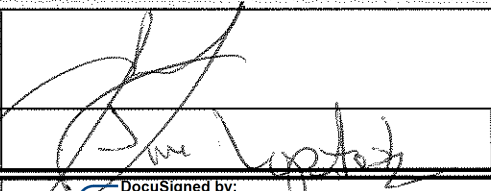

Does this request utilize ARPA/MJRP funds?

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:	Aug 24, 23
Signature of DAFS Procurement Official:	DocuSigned by: 		Date:	6/22/2023
Typed Name:	Steve Lupton	Typed Name:	Kathy Paquette	Date:

FY23 + FY22
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 Budgets

Table of Providers

Vendor	Agreement Number	CT 10A:	Agreement Amount
Amistad 103 India St. Portland, ME 04101	CD1-24-5102	20230426000000002930	\$477,894.00
Tri-County Mental Health Services PO Box 2008 Lewiston, ME 04241	CD3-24-5100	20230510000000003131	\$279,068.00
Maine Access Points 51 Harpswell RD., Suite 500, Brunswick, ME 04011	CD4-24-5109	20230510000000003133	\$459,872.00
Wabanaki Health & Wellness P.O. Box 1356 Bangor, ME 04401	CD9-24-5124	20230515000000003204	\$336,962.00
City of Portland DBA Portland Public Health/WCV, 39 Forest Ave. Portland, ME 04101	CDM-24-5102	20230515000000003205	\$603,452.00
MaineGeneral Medical Center 35 Medical Center Parkway, Augusta, ME 04330	CDM-24-5103	20230515000000003206	\$451,108.00
Down East Aids Network INC. DBA Health Equity Alliance 304 Hancock St., Suite 3B Bangor, ME 04401	CDM-24-5104	20230515000000003208	\$709,494.00
Church of Safe Injection P.O. Box 11200 Portland, ME 04104	CDM-24-5155	20230515000000003209	\$552,886.00
Total			\$3,870,736.00

Budget, how much 19/2021?