



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:                     |                      | Maine CDC/ Disease Control and Prevention |                       |                                |
| Department Contract Administrator or Grant Coordinator: |                      | Chris Moiles / Melinda Farrell            |                       |                                |
| (If applicable) Department Reference #:                 |                      | CD7-23-4435                               |                       |                                |
| Amount:<br>(Contract/Amendment/Grant)                   |                      | \$160,000.00                              | Advantage CT / RQS #: | CT 10A<br>20230327000000002472 |
| CONTRACT  | Proposed Start Date: | 04/01/2023                                | Proposed End Date:    | 08/30/2024                     |
| 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,<br>City, State:           |                      | Healthy Acadia<br>Ellsworth, ME           |                       |                                |
| Brief Description of<br>Goods/Services/Grant:           |                      | Community Coalitions                      |                       |                                |

| 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.

Funding community coalitions located in high-need areas will reduce siloed efforts across the state and ensure State level initiatives and programs are reaching the local level. Community coalitions mobilize service providers and community members around drug-related overdose prevention issues. Funded coalitions will conduct environmental scans to identify community assets, needs, and gaps in knowledge and resources; organize and provide community trainings on overdose prevention and substance use related topics; ensure community access to naloxone; and develop a comprehensive overdose prevention and response plan.

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

Maine's Project to Prevent Prescription Drug/Opioid-related Overdose Deaths grant (PDO) supported a community needs assessment to identify five high need counties across the state to enhance overdose prevention/response work at the local level. The five counties identified were: Androscoggin, Oxford, Penobscot, Somerset, and Washington County. The Department previously awarded four (4) community coalitions through a competitive procurement RFP but the Department received no applicants from Washington County. It is the goal of the Department to ensure each of the five identified high priority counties have the available resources to support the communities around drug-related overdose prevention. Therefore, to meet the grant goals and objectives, the Department reached out to a local community health coalition, Healthy Acadia, whose service area includes Washington County. It was determined that Healthy Acadia has the capacity, readiness, willingness, and experience to complete the PDO grant goals and initiatives within the high need county. Healthy Acadia is an established community health coalition with more than 20 years of experience serving Washington and Hancock Counties. Since Healthy Acadia has the established relationships and already provides services within Washington County, they are uniquely able start the PDO grant work quickly.

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

Funding for the Community Coalitions is based on the PDO grant received by the State from SAMHSA. The grant will fund up to five (5) coalitions equally. This will ensure that identified high-need areas of the State receive the same amount of funding to implement grant initiatives and activities.

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

The Department will review the services following completion of the contract period and determine if future competitive procurement is required.

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

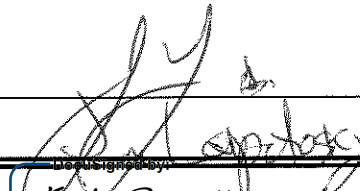

Does this request utilize ARPA/MJRP funds?

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:  |  | Date: 5-June-23 |
| Signature of DAFS Procurement Official:                          |   |                 |
| Typed Name:  | 41C2BA36FAF44CD...<br>Kathy Paquette   | Date: 6/27/2023 |