

**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.

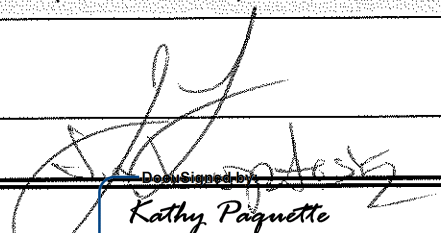

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS Maine Center for Disease Control and Prevention, Office of Population Health Equity		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Matt Galletta		
(If applicable) Department Reference #:		CD2-23-1564		
Amount: (Contract/Amendment/Grant)	\$425,000.00	Advantage CT / RQS #:	CT 10A 20230425000000002848	
CONTRACT	Proposed Start Date:	4/24/2023	Proposed End Date:	5/31/2024
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:		City of Portland (Portland Public Health Division), Portland, Maine		
Brief Description of Goods/Services/Grant:		Reduce racial/ethnic COVID-19 health disparities by investing in capacity and infrastructure needs, increasing long-term ability to address social determinants of health and reduce COVID-19 related cases, hospitalizations and deaths in communities that experienced COVID-19 disparities.		

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 Provider shall use targeted investments to include, but are not limited to, efforts related to financial/IT improvements, data collection/reporting systems, operational infrastructure, strategic planning, and pilot projects and collective efforts to increase organizational effectiveness and address health disparities in their communities. As a result of these investments, the Department anticipates the provider will have increased capacity to reduce racial/ethnic disparities in COVID-19 and other health conditions, as well as to continue providing COVID-19 prevention and response activities.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Portland Public Health Division is the only municipal public health program within Cumberland County, where these services are needed, and the only municipal health program with a health equity office statewide, which is a major component of the grant. The Portland Public Health Division clinic is co-located with the General Assistance services office for the city and the screenings desired need to take place as part of the General Assistance process.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The costs associated with these services have been reviewed by the Department for fairness and allowability. Funding is comparable with awards given to other Health Equity Infrastructure providers and was reviewed by the department for the types of health equity services they will provide and the number and type of community engagement activities they will provide.
4. Describe the plan for future competition for the goods or services.	The Department does not anticipate the availability of additional funding after this period.

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: 5-JUN-23
Typed Name:	Kathy Paquette		Date: 6/27/2023
Signature of DAFS Procurement Official:			Date: 6/27/2023
Typed Name:	Kathy Paquette		Date: 6/27/2023