



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.

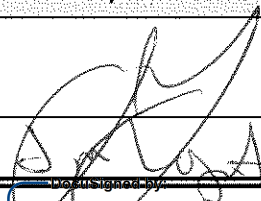

PART I: OVERVIEW				
Department Office/Division/Program:		Maine CDC / Maternal and Child Health		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		CD0-24-4295		
Amount: (Contract/Amendment/Grant)	\$94,800.00	Advantage CT / RQS #:	CT 10A 2023051100000003152	
CONTRACT	Proposed Start Date:	08/01/2023	Proposed End Date:	7/30/2025
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:		Maine Medical Association Manchester, ME		
Brief Description of Goods/Services/Grant:		ECCS Grant Collaborator		

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.	In Maine there are 26 birthing hospitals. Most are affiliated with a large hospital system; however, some are not. In addition, the hospitals provide varying levels of care to the pregnant woman and her baby. When a required level of care cannot be met at a hospital, the mother and/or baby is transferred to a higher-level hospital. In order to ensure the highest level of care is given at the right time, the Department has spent a lot of energy on coordinating the perinatal system of care. The next layer to the system is working to align the work done with the early childhood system in Maine. Currently the work is fragmented and needs to be better coordinated.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Maine Medical Association was selected to provide this service because they are the parent company in which the Perinatal Quality Collaborative 4 Maine (PQC4ME) is housed. The PQC4ME has the staffing and expertise needed to implement high quality services statewide. In addition, they are the only Perinatal Quality Collaborative in Maine.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The costs were negotiated based on similar services procured previously
4. Describe the plan for future competition for the goods or services.	The Department does not intend to issue a Request for Proposal (RFP) for this service.

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):			
Typed Name:		Date:	21-Jun-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/29/2023