



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:		CDC/Office of Population Health Equity / Katherine Smith		
Department Contract Administrator or Grant Coordinator:		Lora Blackwell / Chris Moiles		
(If applicable) Department Reference #:		CD0-22-1510		
Amount: (Contract/Amendment/Grant)	\$ 122,375	Advantage CT / RQS #:	CT 10A 2022051000000002822	
CONTRACT	Proposed Start Date:	03/01/2022	Proposed End Date:	06/30/2023
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:		Providentia Group Portland, Maine		
Brief Description of Goods/Services/Grant:		Strategic consultation for the establishment of a Health Equity Advisory Council (HEAC) and facilitation services for HEAC.		

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 checked="" type="checkbox"/>	L. Other Authorization: COVID-19

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 Maine Department of Health and Human Services (DHHS) Center for Disease Control and Prevention (Maine CDC) are launching a series of new initiatives to advance health equity in communities at higher risk of COVID-19, supported by a grant of over \$32 million from the U.S. Centers for Disease Control and Prevention (U.S. CDC). The new initiatives aim to deepen our relationships with community leaders, invest resources directly in communities most severely impacted by the COVID-19 pandemic and other serious threats to public health, and build collective capacity to reduce disparities in the future. The funds will be administered by the newly reinstated Office of Population Health Equity (OPHE).

Under this grant, the Department will establish a pilot Health Equity Advisory Council to provide input on the Department's strategy and the design and implementation of select initiatives under the U.S. CDC funding opportunity. The project requires a Facilitator / Consultant to provide support in building the Health Equity Advisory Council and for conducting the following activities:

- Support the establishment of the pilot Health Equity Advisory Council, including outlining rules and goals, such as: determining council membership requirements and responsibilities, and meeting schedule structure, among others.
- Facilitation of a pilot Health Equity Advisory Council that will guide DHHS' implementation of its COVID-19 Health Disparities grant and the ongoing development of the Office of Population Health Equity (OPHE).
- Consultation to DHHS and OPHE Leadership on how to evolve the pilot Health Equity Council to a long-term structure that aligns with other departmental stakeholder advisory bodies.

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

As a Pilot Project, this Provider has the specific resources to meet the exclusive qualifications for the role of Health Equity Advisory Council Facilitator/Consultant. The Provider has experience required for conceptualizing the necessity for a Health Equity Advisory Council, through their work facilitating the Department's Working Group on the Equitable Uptake of the COVID-19 Vaccination. The Provider also has experience establishing the strategic plan for the Permanent Commission for Racial, Indigenous, and Tribal populations that is necessary for the role of the Health Equity Advisory Council Facilitator/Consultant. The Provider embodies the qualifications needed for the role, but more importantly has the direct experience of contributing, via working sessions with the community, to building this specific advisory council structure. The Provider has demonstrated experience in facilitating advisory bodies in a government context, applying principles of procedural equity, engaging a diverse group of individuals with varied experience, understanding of state health policymaking and has subject matter expertise in public health and health equity. The Provider has a unique expansive skill set that includes executive change management, strategy development, business operations, technology marketing, and market growth.

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

Rates are based on industry standard for strategic consulting, including providing legal and advisory services. The hourly rate is \$275, resulting in a total project cost of \$122,375. Billing for this project will be at a fixed monthly rate of \$10,197 for twelve (12) months.

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

Future facilitation services for the Health Equity Advisory Council will be sought through a competitive Request for Proposals (RFP) process in late 2022.

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

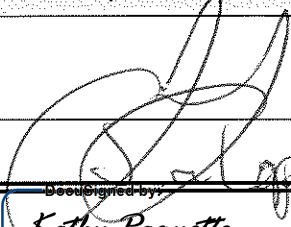

Does this request utilize ARPA/MJRP funds?

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: 22-6-22
Signature of DAFS Procurement Official:	<small>Deauthorized by:</small> 	
Typed Name:	Kathy Paquette	Date: 7/20/2022