



**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.*

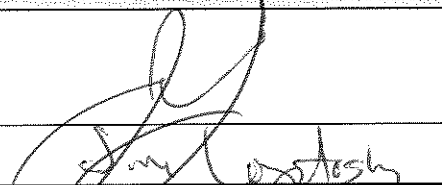

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OADS/Vaccine Coordinator		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Stacy Martin		
(If applicable) Department Reference #:		ADS-24-9317		
Amount: (Contract/Amendment/Grant)		\$ 200,000.00	Advantage CT / RQS #:	CT 10A 20230407*2596
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	06/30/2024
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, City, State:		Maximus US Services, Inc. Baltimore, Maryland		
Brief Description of Goods/Services/Grant:		Vaccine Assessments		

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 checked="" 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 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.	<p>The purpose of this Agreement is to provide outreach and education about COVID-19 and Influenza vaccinations to the Long-Term Services and Supports (LTSS) population of older adults and those with disabilities.</p> <p>The Provider will focus on increasing the number of members who are fully educated on the risks of both COVID-19 and Influenza and the probable negative health effects on the members. Additionally, the Provider will work to increase the percentage of vaccinated LTSS members of both COVID-19 and Influenza.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The Provider has been identified by the Department's Commissioner's Office in the Supplement 4, Vaccine Outreach Grant as a provider for these services on an emergency basis.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The cost is considered fair and reasonable based on analysis of the scope of work that needs to be accomplished and the concern for completing the work as expeditiously as possible.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to competitively bid these services at this time.</p>

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:	21-Jun-23
Typed Name:	Designated By: Kathy Paquette		
Signature of DAFS Procurement Official:		Date:	7/17/2023
Typed Name:	Kathy Paquette		