



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:		DHHS/OADS		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero		
(If applicable) Department Reference #:		ADS-23-9600		
Amount: (Contract/Amendment/Grant)		\$ 112,263.00	Advantage CT / RQS #:	CT 10A 20230206000000002038
CONTRACT	Proposed Start Date:	01/01/2023	Proposed End Date:	09/30/2024
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:		United Somali Women of Maine Lewiston, Maine		
Brief Description of Goods/Services/Grant:		Public Health Work Force Expansion for Maine's NWD System		

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 American Rescue Plan Act of 2021 (ARPA) provided funding to recruit, hire, and train public health workers to respond to the COVID-19 pandemic and prepare for future public health challenges. ARPA directed funds may be used to offset costs of hiring a range of public health professionals, including but not limited to social support professionals, community health workers, communication, and policy experts and "other positions as may be required to prevent, prepare for, and respond to COVID-19...."

As trusted members of their communities and providers of services that support older adults and people with disabilities in every community across the country, the aging and disability networks play an essential role in public health. Our networks provide a variety of services that directly support public health, such as health and wellness education and information, counseling, case management and assistance with accessing health care services, including COVID-19 vaccinations. With more than 50 years of experience and unmatched knowledge of the unique needs of older adults and people with disabilities, our networks also are critical partners with the public health system, providing technical assistance and guidance on meeting the unique needs of older adults and people with disabilities.

Administration for Community Living's (ACL) *Expanding the Public Health Workforce within the Aging and Disability Networks* program provides funding to help cover the costs of staff to conduct these crucial public health activities. Professionals funded through this program may provide a wide range of public health services and supports, including culturally affirmative and linguistically accessible information, assistance with accessing vaccines (including boosters) and connecting to other services, transition and diversion from high-risk congregate settings to community living, health and wellness programs, activities that address social isolation and social determinants of health, and other activities that support the public health and wellbeing of older adults and people with disabilities.

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

State resources will not be used to accomplish the objectives of the Older Americans Act (OAA). OADS has selected the United Somali Women of Maine to carry out the demonstration project of statewide significance relating to the initiation, expansion, or improvement of services as outlined in Section 308(a)(1) in the OAA and Performance Measure 1.3.4.B of the Maine State Plan on Aging.

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

The sole purpose of this one-time funding is to expand the public health workforce within the disability networks. This funding, per the fair and reasonable ACL grant requirements, may be used to cover wages and benefits for public health professionals through subcontract. A small portion of the funding is allocated to cover indirect costs.

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

The Department does not intend to issue an RFP for these services.

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

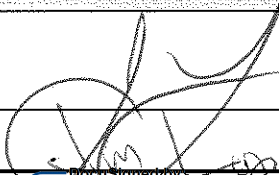

Does this request utilize ARPA/MJRP funds?

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:	16 - mar - 23
Signature of DAFS Procurement Official:	 Kathy Paquette		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	7/20/2023