



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:		MECDPC/Population Health Equity	
Department Contract Administrator or Grant Coordinator:		CM / Melinda Farrell	
(If applicable) Department Reference #:		CD0-23-1120A	
Amount: (Contract/Amendment/Grant)	Original: \$ 760,227.00 Amend: \$ 348,059.22 Revised: \$1,108,286.22	Advantage CT / RQS #:	CT 10A 20230119000000001930
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	1/1/2023	Effective Date:
	Previous End Date:	5/31/2024	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Public Consulting Group, LLC Augusta, Maine	
Brief Description of Goods/Services/Grant:		Grants Management Services to support Maine Department of Health and Human Services' Initiative to Address COVID-19 Health 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 checked="" 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.

This amendment is to provide Contract Monitoring Plan and Engagement Determination; Vendor Oversight Plan and Program Manager Tools; and Program Assistant (PA) Staff Augmentation services.

This agreement is to provide Grants Management Services to support Maine Department of Health and Human Services' Initiative to Address COVID-19 Health Disparities. These services will include: Grants management and contract monitoring; Public budgeting and cost allocation; Data collection and program evaluation; and working with the Department and it's grantees community-based organizations.

Coronavirus disease 2019 (COVID-19) has disproportionately affected populations placed at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality. Additionally, racial and ethnic minority groups and people living in rural communities have disproportionate rates of chronic diseases that increase the severity of COVID-19 infection and might experience barriers to accessing testing, treatment, or vaccination against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19. This contract is critical to support a \$32.1M grant will provide funding to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and rural populations within state.

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

These services underwent the competitive procurement process through RFP# 202108128. The Department did not receive any proposals. The Provider was approached and agreed to provide services.

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

Vendor provided a cost proposal and subsequently negotiated with DHHS leadership to ensure that the proposal was reasonable given the scale of need. Additionally, vendor agreed to bill one section of services at hourly rate to allow cost savings if the Department is able to provide technical assistance to community organizations using its own personnel.

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

This is one-time funding for two (2) years, with a possible third year extension after which if services are still needed the Department will look at procurement methods for services. The initial term for this agreement is one (1) year and may be renewed one (1) time based on the final determination of the award end date from US CDC.

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

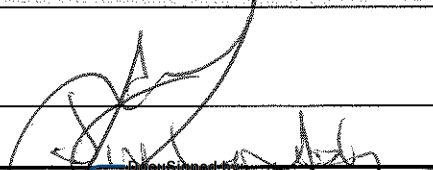
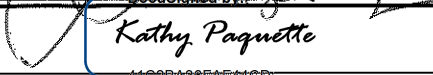
Does this request utilize ARPA/MJRP funds?

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):			Date:	10 - Aug - 23
Typed Name:				
Signature of DAFS Procurement Official:	 Kathy Paquette		Date:	8/22/2023
Typed Name:	kathy Paquette		Date:	8/22/2023