



## 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:		MCDCP/Operations		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:		CD6-22-1114B		
Amount: (Contract/Amendment/Grant)	Original: \$ 615,299.00 Amend: \$ 103,000.00 Revised: \$ 718,299.00	Advantage CT / RQS #:	CT 10A 20211201000000001335	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/1/2021	Effective Date:	7/1/2023
	Previous End Date:	6/30/2023	New End Date:	9/30/2023
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		City of Bangor Bangor ME		
Brief Description of Goods/Services/Grant:		COVID-19 Work Force Development		

## 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 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 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.

These services are provided by funding through the American Rescue Plan to address the continued impact of the Coronavirus Disease 2019 (COVID-19) pandemic on public health including local governments. The funding awarded is designated to establish, expand, and sustain a public health workforce. These staff will be addressing COVID-19, COVID-19 Immunizations, and other public health issues that have emerged or intensified as a result of COVID-19, such as increased rates of substance use and mental health issues, food and housing insecurity, poverty, and trauma, as well as seek sustainable grant funding to continue this work beyond the contract period and to better respond to current and future public health impacts and needs.

This amendment will extend services to 9/30/23. The federal grant supporting this contract is approved for a no-cost extension, including an increase in this contract, due to cost savings in the local personnel budget of the grant. The contractor has adjusted personnel costs to extend several staff and the contractor identified continuing activities and needed resources. These activities are approved by the federal grant project officer and are aligned with the intent of this funding.

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

The funding for this grant is from a Public Health Crisis Response Federal grant, <https://www.cdc.gov/cpr/readiness/funding-ph.htm> that requires a portion of the funding go to Local Public Health Departments. Funding has been allocated to all Municipalities with a public health department or division (Bangor and Portland).

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

The costs have been negotiated and are fair and reasonable: all activities have been approved by the US CDC as COVID-19 related; salaries and benefits are commensurate with similar positions within Maine DHHS; and other costs were fully justified. Overall funding was determined by the identification of activities appropriate to the Grant, as well as Grant requirements for a specific portion of the grant to fund local public health infrastructure.

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

This is a one-time grant, with funding that must be spent by 6/30/24, extended by one year from the original grant period 6/30/23. There is no competition because all eligible vendors are receiving funds.

**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).

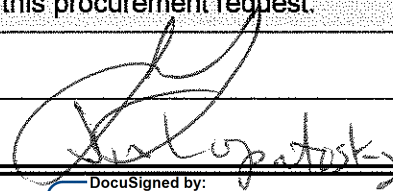
No – If No, proceed to Part V

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):

Typed Name:



Date:

10-Jul-23

Signature of DAFS Procurement Official:

Typed Name:

DocuSigned by:

Kathy Paquette

41C2BA36FAF44CD...  
Kathy Paquette

Date:

8/30/2023