



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
Table with 4 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount (Contract/Amendment/Grant), Original/Amend/Revised, Advantage CT / RQS #, CT-10A-20230426000000002896, CONTRACT, Proposed Start Date, Proposed End Date, 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, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with 4 columns: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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 purpose of this Agreement is to provide a critical role in supporting multiple disease prevention public health activities that relate to the ten (10) Essential Public Health Services Statewide through Epidemiology expertise and Public Health Surveillance. Specifically, the identification of important public health needs in the State, allows the Department to respond quickly to these needs and monitor how well people are served through disease prevention programs. The services provided support critical functions related to Federal Grant requirements, legislative mandates, and Public Health Accreditation.

The purpose of this amendment is to fund extension of the contract due to the unique qualification of the vendor and on-going discussions on the structure of future services.

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

These services were procured through RFP 201806117, which ended on 6/30/2024. The services have been put out to bid 3 times in the last 15 years, with a single bidder in each case (indicating their unique qualifications). The current vendor has specific experience in providing the services in this contract, including being midway through several assessment and evaluation projects. A change in vendor at this time would require additional orientation and training provided by Maine CDC to get a new vendor knowledgeable about processes and ready to provide these services.

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

The costs and rates of this vendor were considered fair and reasonable and the best value for the Department.

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

The Department is in discussion with the University regarding the appropriateness of a cooperative agreement for some services provided and intends to use long term staffing contracts (with a vendor selected from LTRSS list) for some services where appropriate.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

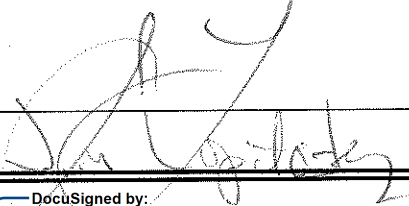

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jean Lapointe	Date:	24-Jun-24
Signature of DAFS Procurement Official:			
Typed Name:	kathy Paquette	Date:	8/2/2024