



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:		MDCDP/Division of Disease Prevention/Children with Special Health Needs	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall	
(If applicable) Department Reference #:		CD0-25-4260	
Amount: (Contract/Amendment/Grant)	\$ 182,520.00	Advantage CT / RQS #:	CT 10A 20240626000CD0254260
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:		MaineHealth DBA Maine Medical Center Portland, Maine	
Brief Description of Goods/Services/Grant:		Comprehensive Genetic Services	


PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>	<p>This contract is for comprehensive newborn bloodspot screening services for diagnosis and management of bloodspot panel screening conditions to improve clinical outcomes. Services also include education for health care providers and others related to genetics and the impact of genetics on health. The purpose of this contract is to:</p> <ul style="list-style-type: none"> <li>• Develop a statewide system of comprehensive, high quality, and accessible comprehensive newborn bloodspot screening services that are family-centered</li> <li>• Provide comprehensive clinical genetic services throughout Maine to individuals up to the age of 22</li> <li>• Provide education and training to providers, families, and the Department regarding newborn screening and the impact of newborn screening on the health of children and families</li> </ul>
<b>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</b>	<p>These are highly specialized clinical services. There are no other agencies in Maine that hold the necessary certifications to host these clinics.</p>
<b>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</b>	<p>Costs are consistent with previous contracts.</p>
<b>4. Describe the plan for future competition for the goods or services.</b>	<p>The Department does not intend to RFP these services at this time.</p>

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
<b>Does this request utilize ARPA/MJRP funds?</b>	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<b>Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?</b>	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges <u>MRS Title 5, §18-A, 2.</u>	

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	17-21-24
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	8/2/2024