

**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:		Maine CDC/ Disease Control and Prevention	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall	
(If applicable) Department Reference #:		CD7-23-4435A	
Amount: (Contract/Amendment/Grant)	Original: \$160,000.00 Amend A: 41,009.30 Revised: \$201,009.30	Advantage CT / RQS #:	CT 10A 20230327000000002472
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	4/1/2023 2/20/2024
	Previous End Date:	New End Date:	8/30/2024 No Change
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Healthy Acadia Ellsworth, ME	
Brief Description of Goods/Services/Grant:		Community Coalitions	

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 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.	<p>Funding community coalitions located in high-need areas will reduce siloed efforts across the state and ensure State level initiatives and programs are reaching the local level. Community coalitions mobilize service providers and community members around drug-related overdose prevention issues. Funded coalitions will conduct environmental scans to identify community assets, needs, and gaps in knowledge and resources; organize and provide community trainings on overdose prevention and substance use related topics; ensure community access to naloxone; and develop a comprehensive overdose prevention and response plan.</p> <p>The purpose of this Amendment is to add funds to Healthy Acadia’s contract. Healthy Acadia, the awarded community partner, was initially funded at a lower amount. Maine CDC was able to redirect federal carryover funding to bring them up to the same funding amount as the other awarded community grantees. This additional funding will allow the community partner to meet the full requirements of the grant.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Maine’s Project to Prevent Prescription Drug/Opioid-related Overdose Deaths grant (PDO) supported a community needs assessment to identify five high need counties across the state to enhance overdose prevention/response work at the local level. The five counties identified were: Androscoggin, Oxford, Penobscot, Somerset, and Washington County. The Department previously awarded four (4) community coalitions through a competitive procurement RFP but the Department received no applicants from Washington County. It is the goal of the Department to ensure each of the five identified high priority counties have the available resources to support the communities around drug-related overdose prevention. Therefore, to meet the grant goals and objectives, the Department reached out to a local community health coalition, Healthy Acadia, whose service area includes Washington County. It was determined that Healthy Acadia has the capacity, readiness, willingness, and experience to complete the PDO grant goals and initiatives within the high need county. Healthy Acadia is an established community health coalition with more than 20 years of experience serving Washington and Hancock Counties. Since Healthy Acadia has the established relationships and already provides services within Washington County, they are uniquely able start the PDO grant work quickly.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Funding for the Community Coalitions is based on the grant received by the State from SAMHSA. The grant will fund up to five (5) coalitions equally. This will ensure that identified high-need areas of the State receive the same amount of funding to implement grant initiatives and activities.</p>
4. Describe the plan for future competition for the goods or services.	<p>If the services are to continue after 8/30/2026, the Department will re-issue a new RFP for a 9/1/2026 contract start date.</p>

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.

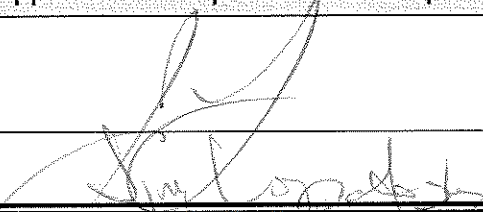

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:		Date:	20-Aug-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	8/26/2024