

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		Maine CDC / Disease Prevention and Control	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Ryan Roberts	
(If applicable) Department Reference #:		CD0-21-4550	
Amount: (Contract/Amendment/Grant)	\$ 154,000.00	Advantage CT / RQS #:	CT-10A-20200708000000000081
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: 8/31/2021
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:		Maine Health Portland, ME	
Brief Description of Goods/Services/Grant:		Asthma Education Services	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

To provide Asthma Education to the Department to fulfill the requirements for United States Centers for Disease Control and Preventions (U.S. CDC) Cooperative Agreement: EH19-1902, Asthma Program. The vendor shall provide asthma education services, including piloting the Brief AS-ME Intervention delivered over two sessions by trained Certified Asthma Educators situated within health care practices in order to increase the availability of self-management education to persons with poorly controlled asthma. The Certified Asthma Educator shall review medication adherence, device technique and the Asthma Action Plan. Barriers and challenges to asthma self-management shall be identified and, using motivational interviewing, the Provider shall develop strategies to overcome identified barriers and challenges.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The Provider is listed as the vendor for the Asthma program education services, in the US CDC cooperative agreements as listed above. This work is related to the Asthma program and the provider has the contacts and infrastructure to provide these services to the Department in a timely manner.

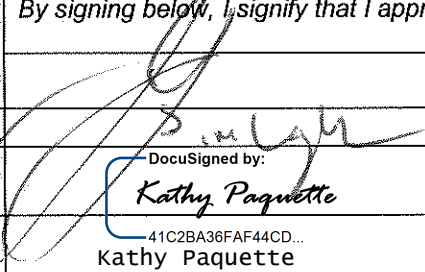
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The expenses and salaries are comparable with those of other agreements with this vendor for similar services. (CD0-19-4499) The Department considers the negotiated costs reasonable based on the level of effort proposed by the Provider. The rates have been approved by US CDC.

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

As these services are part of a grant award, the Department does not intend to RFP these services at this time.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:			Date: 20-Aug-20
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	9/4/2020