

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: | | MeCDC/Division of Disease Prevention and Control | | | |
| Department Contract Administrator or Grant Coordinator: | | Chris Moiles/Arlene Jones | | | |
| (If applicable) Department Reference #: | | CD0-21-4589A | | | |
| Amount: (Contract/Amendment/Grant) | Original: \$66,589 Amend: \$59,461 Revised: \$129,050 | Advantage CT / RQS #: | CT 10A 20201214*1860 | | |
| CONTRACT | Proposed Start Date: | 1/1/2021 | Proposed End Date: | 6/29/2022 | |
| 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: | | YMCA Alliance of Maine Bangor, ME | | | |
| Brief Description of Goods/Services/Grant: | | Support YMCA's existing National Diabetes Prevention Programs | | | |

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 |
| X | 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.

The purpose of this Agreement is to support YMCA's existing National Diabetes Prevention Programs and start new ones. The Department and the Provider shall work to engage a minimum of three (3) new YMCA sites., with a goal of six (6) to offer the National DPP in their communities.

The Provider shall act as an administrative /management support group. The Provider would set enrollment

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PART III: SUPPLEMENTAL INFORMATION

targets, distribute payment and maintain accountability for the performance goals, while each individual YMCA would apply for Diabetes Prevention Recognition Program (DPRP) recognition, deliver the program, and be responsible for data submission.

This amendment adds three (3) additional new sites to meet the goal of six (6).

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

The Provider has existing National Diabetes Prevention Programs so is very familiar with the program and the requirements that need to be met. This amendment would expand those services to other regions of the state where the YMCA has sites but does not have National Diabetes Prevention Program in place at this time.

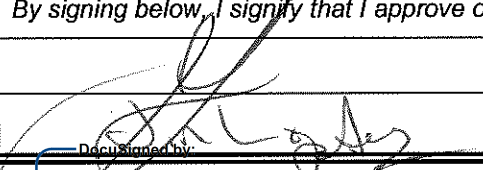

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates were negotiated using the current rates for these services within the organization and in comparison with known rates from other out of state agencies that provide these services.

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

The Department does not intend to competitively procure these services.

PART IV: APPROVALS

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|---|--|--------------|-----------|
| 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: | 29-11-21 |
| Signature of DAFS Procurement Official: |  | | |
| Printed Name: | Debbie Jacques <small>1DFA565D481F42E...</small> | Date: | 9/14/2021 |