

## 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:		MCDCP/Infectious Disease Surveillance/HIV Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Ryan Roberts		
(If applicable) Department Reference #:		CDM-21-5151		
Amount: (Contract/Amendment/Grant)	\$200,000	Advantage CT / RQS #:	CT 10A 20210610000000003678	
CONTRACT	Proposed Start Date:	4/1/2021	Proposed End Date:	12/31/2022
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:		Down East AIDS Network, Inc. Ellsworth, ME		
Brief Description of Goods/Services/Grant:		Community HIV Outreach 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.**

The purpose of these agreements is Community HIV Outreach Services. The provider shall provide comprehensive HIV, STD, and Hepatitis C prevention, testing, education, and Referral services as well as PrEP Navigation services to those at highest risk for HIV disease transmission. This will be conducted within the context of point of care HIV, Hepatitis C, and syphilis testing. The provider shall also provide Outreach and education to community partners and citizens to increase awareness of and access to HIV, STD,

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### PART III: SUPPLEMENTAL INFORMATION

and Hepatitis C testing, treatment, and prevention.

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

The Department issued RFP# 202003063 which resulted in no awards being issued. In 2021, the Department reissued the RFP under RFP# 202101008 and no proposals were received. The Provider has years of expertise providing these services to the most at risk and target populations. Having community providers offer testing services is important as they have the greatest access to high-risk individuals. The providers have experience providing HIV, viral hepatitis and STD outreach and education to communities at risk for acquiring infectious diseases. The providers have also been innovative in providing the same quality services during COVID-19 and will continue to be able to provide these services both during and after the pandemic.

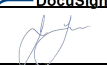
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department has determined the funding to be fair and reasonable for the services the provider is to offer.

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

The Department anticipates competitively procuring these services with a 1/1/2026 contract start date.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
	<small>DocuSigned by:</small>		
			
<b>Printed Name:</b>	Jim Lopatosky	<b>Date:</b>	Sep-02-2021
	<small>66738ED17E0C4B2</small>		
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small>		
	<i>Kathy Paquette</i>		
<b>Printed Name:</b>	Kathy Paquette	<b>Date:</b>	9/20/2021
	<small>41C2BA36FAF44CD...</small>		