



**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 Prevention and Control		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero		
(If applicable) Department Reference #:		CD0-23-4553		
Amount: (Contract/Amendment/Grant)		\$ 50,000.00	Advantage CT / RQS #:	CT 10A 20220822000000000550
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	6/29/2024
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 Prisoner Re-Entry Network Lewiston, ME		
Brief Description of Goods/Services/Grant:		Breast and Cervical Health		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

### 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.

Under the U.S. CDC's cooperative agreement DP22-2202, the Maine Breast and Cervical Health Program (MBCHP) is required to implement strategies to increase the screening rates for breast and cervical cancer within the population of WPCI (Women who were Previously or are Currently Incarcerated).

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

[Maine Prisoner Re-Entry Network](#) (MPRN) is the selected vendor because this organization satisfies all the following criteria:

- Employs a local community approach to the issues facing the formerly incarcerated and our communities at large;
- Has a strong working relationship fully established with (1) the Maine Department of Corrections, which enables them to work directly with people who are currently incarcerated (see MPRN's [featured partner page](#)), and (2) the sheriff's departments (their link to the county jails system);
- Works with people who have been previously incarcerated;
- Holds meetings throughout Maine: in Lewiston-Auburn, Augusta, Bangor, Rockland, Maine State Prison, So. Portland, Westbrook, Somerset County Jail with plans for Kennebec Sheriff's Office, York County, Belfast, Aroostook County, and Downeast;
- Wrote a Letter of Support for MBCHP's application for DP22-2202 and is named in MBCHP's workplan that was submitted with the cooperative agreement application in January 2022 and approved by the U.S. CDC. The MBCHP Program Manager has also discussed Maine Prisoner Re-Entry Network's participation with MBCHP's federal CDC project officer.

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

This contract is deliverables-based, with each task identified by due date and dollar-value, and the costs are fair and reasonable based upon other agreements with similar target goals. MBCHP will only approve a properly submitted invoice if the deliverable has been completed satisfactorily and on time.

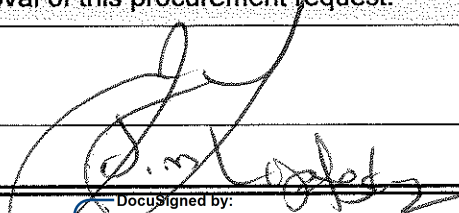
4. Describe the plan for future competition for the goods or services.

MBCHP does not intend to seek competition for these services based on the reasons described in Section 2 above.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

- Yes – If Yes, please attach the approved Business Case(s).
- No – If No, proceed to Part V

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	8/21/22
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Typed Name:	41C2BA36FAF44CD... kathy Paquette	Date:	9/19/2022