



**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 (Form's page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		Maine CDC/DDS/Infectious Disease Epidemiology		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Patricia Wall		
(If applicable) Department Reference #:		CD0-21-5170B		
Amount: (Contract/Amendment/Grant)	Original: \$300,000.00 Amend: 60,000.00 Revised: \$360,000.00	Advantage CT / RQS #:	CT 10A 20201007*1180	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	8/1/2020	Effective Date:	5/1/2021
	Previous End Date:	7/31/2022	New End Date:	12/31/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Health dba Maine Medical Center Westbrook, ME		
Brief Description of Goods/Services/Grant:		Environmental Vector Surveillance		

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 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 checked="" type="checkbox"/>	L. Other Authorization: RFP Extended

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.

Maine CDC's Division of Disease Surveillance is directed to monitor and control infectious disease in the State, as defined in 22 MRSA Chp 250. Arboviral illnesses including Eastern Equine Encephalitis (EEE), West Nile Virus (WNV), and Jamestown Canyon virus (JCV) are threats in the State and across the United States. Maine CDC contracts for vector monitoring as an early warning system to identify when these viruses start circulating within the state. Part of this monitoring includes pesticide monitoring so that Maine is ready to respond in the event of high levels of circulating virus.

This amendment is to extend this agreement to 12/31/2022 so that Program staff that have been conducting COVID Response have time to conduct an RFP for these services with a new contract starting 1/1/2023.

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

MaineHealth's Maine Medical Center Research Institute's Vectorborne Disease Laboratory already has the existing staff, equipment, training, and partnerships that will allow them to complete these services. The provider has internal expertise, equipment, and relationships to complete mosquito surveillance. Surveillance requires a huge time commitment as well as additional equipment costs. Mosquito surveillance also requires an experienced entomologist to identify the vectors to gender and species. The provider has the time and experience to complete vector surveillance in a comprehensive, timely manner.

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

Proposed costs are similar to previous years. There are no other vendors or state personnel who can complete the work in this time frame.

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

The Department intends to competitively procure these services with a 1/1/2023 contract start date.

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

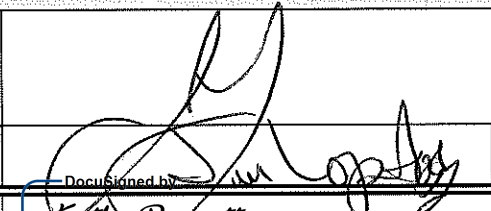

Does this request utilize ARPA/MJRP funds?

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:	<small>DocuSigned by</small>	Date:	8 - Aug -22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	9/19/2022