



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 / Chronic Disease Prevention and Control Feargal Semple / Leslie Jeffers		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall		
(If applicable) Department Reference #:		CD0-23-4518		
Amount: (Contract/Amendment/Grant)	\$ 18,891.00	Advantage CT / RQS #:	CT 10A 20220706**0020	
CONTRACT	Proposed Start Date:	8/1/2022	Proposed End Date:	6/29/2023
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:		Franklin Community Health Network dba Maine Health Farmington, Maine		
Brief Description of Goods/Services/Grant:		Community Prevention of Diabetes using CHW's		
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.

The purpose of this agreement is to utilize Community Health Workers (CHW) to increase awareness, access, and help improve retention in the National Diabetes Prevention Program (National DPP) in a rural area of Maine. CHW's will help connect identified patients to National Diabetes Prevention Program services and improve retention by providing periodic support throughout the year-long program. In addition, these services will highlight the importance of CHW's and the roles they can play within the National Diabetes Prevention Program.

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

Franklin Community Health Network has been working toward achieving the highest level of health and wellness for the past 30 years. Franklin Community Health Network have the staff capacity to implement the project with an established CHW program. Franklin Community Health Network also have a team of talented nurses, health educators, volunteer providers, and support staff. Franklin Community Health Network also already have infrastructure and workflows in place to offer health screenings, health information, programs, and events to support healthy lifestyles that prevent disease and improve quality of life.

Franklin Community Health Network's CHW's have an established relationship with Franklin Memorial Hospital which will increase community-clinical linkages. This community-clinical connection is vital for successful patient care. Franklin Community Health Network are a part of MaineHealth. MaineHealth has the biggest offering of National DPP programs in the State of Maine. They offer both virtual and in-person classes which will help increase access to participants. In addition, Franklin Community Health Network works closely.

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

Rates are comparable to other similar services the department has offered in the past.

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

There will be no need for future procurement of these services as this will be a onetime project and this is also the last year of the grant funding. Additionally, MaineCare will be rolling out coverage for delivery of National Diabetes Prevention Services which will provide financial support to National DPP's to work with CHW's going forward.

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

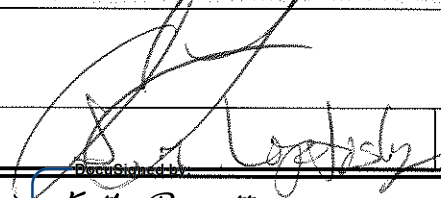
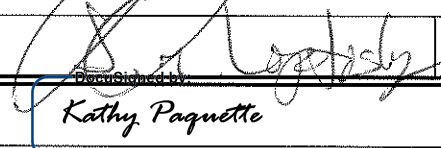
Does this request utilize ARPA/MJRP funds?

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:	11-27-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	9/27/2022