



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		MCDCP/Division of Disease Prevention/Maternal & Child Health		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Matt Galletta		
(If applicable) Department Reference #:		CD0-24-1110		
Amount: (Contract/Amendment/Grant)		\$ 19,050.00	Advantage CT / RQS #:	RQS 10A 20230823*319
CONTRACT	Proposed Start Date:	7/21/2023	Proposed End Date:	6/30/2024
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:		Daniel Hanley Center for Health Leadership Portland, ME		
Brief Description of Goods/Services/Grant:		Health Leadership Development Course		

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.

Maine's Health Leadership Development Course (HLD) is a unique blend of individual collaborative leadership skill building, combined with Health Content sessions and practical skills application through topically focused projects aimed at helping individuals better understand and lead in Maine's complex, ever-changing health and healthcare environment. HLD is an intensive 16-day course that takes place over an eight-month period beginning each September. Monthly sessions are held on Thursdays and Fridays at Maple Hill Farm in Hallowell, just outside Augusta. A three-day Hurricane Island Outward Bound School session in October catalyzes individual growth and group cohesion.

Physicians and others who participate in HLD may be eligible to receive continuing education (CME) credits.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Maine Medical Education Trust and Daniel Hanley Center for Health Leadership. The Maine Medical Education Trust is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education for physicians.

The HLD course is designed for emerging and evolving leaders from throughout Maine and across the entire spectrum of health and healthcare related organizations. Each HLD class is made up of a diverse mix of individuals who are in leadership roles and are poised to take on greater collaborative leadership responsibilities in the months and years ahead.

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

The Daniel Hanley Center for Health Leadership is the only provider that has a statewide and specialized role in health leadership development. The Hanley Center has leadership programs that include the Health Leadership Development curriculum that educates health leaders statewide on health disparities. As a result of their unique leadership program offerings, they are the only entity capable of effectively and efficiently expand their work to reach more health leaders and accomplish the grant deliverables.

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

The Hanley Center's pricing is competitive compared to other leadership entities that do not have the specialization they do.

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

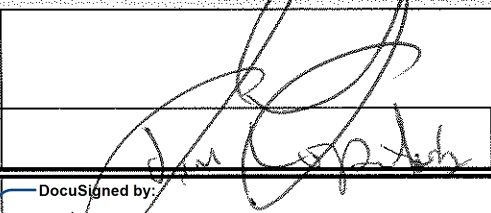

The Department does not intend to competitively bid this service.

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 VI

PART V: APPROVALS		
The signatures below indicate approval of this procurement request.		
Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 7-5-23
Signature of DAFS Procurement Official:	DocuSigned by: 	
Typed Name:	Michelle Fournier	Date: 9/21/2023