



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

Table with 4 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, and Vendor/Provider/Grantee Name, City, State. Includes fields for CONTRACT, AMENDMENT, and GRANT with start/end dates.

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

Table with 4 columns for justification options: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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 the administration of statewide Public Health Prevention Services, including those focusing on tobacco, substance use, and obesity prevention. This agreement is to create part of the structure for the delivery of Maine Prevention Network (MPN) services, within each of the Department's Public Health Districts (Districts), to measurably improve health outcomes associated with substance use, tobacco use and exposure, and obesity.

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

Wabanaki Public Health and Wellness is the public health organization serving the tribes. The Commissioner's Office approved sole sourcing with Wabanaki Public Health and Wellness to implement Maine Prevention Network to the tribal public health district.

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

Maine CDC developed a funding formula for Maine Prevention Network that factored in population, rurality, and burden for the specific program areas (tobacco, substance use and obesity). This funding formula was reviewed and approved by the Commissioner's Office. All funding for Maine Prevention Network contracts including this sole source contract were determined via the funding formula. The contract has been right-sized based on actual expenses after the first 18 months of service delivery.

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

The Maine Prevention Network contracts are on a 10-year procurement cycle. The Department intends to sole source with Wabanaki Public Health and Wellness for the 10-year cycle of Maine Prevention Network.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

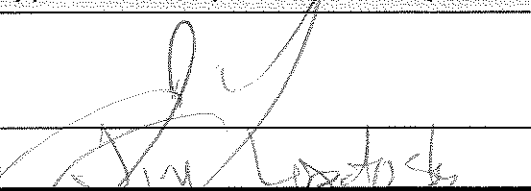

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	17-Jul-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	9/12/2024