



**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 / Brianne Carrero		
(If applicable) Department Reference #:		CD0-23-4297		
Amount: (Contract/Amendment/Grant)	\$ 18,135.00	Advantage CT / RQS #:	RQS 10A 2022080900000000204	
CONTRACT	Proposed Start Date:	<b>7/1/2022</b>	Proposed End Date:	6/30/2023
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:		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.

The Hanley Center for Health Leadership has engaged in a phased process for 'hardwiring' health disparities into its statewide leadership programming at all levels. This leadership course continues the work from the previous CDC Workforce Development contract by providing additional Cultural Competency and Health Equity Trainings for three additional resources. In addition, this leadership course gives support for the Health Leadership Development Program, Health Literacy and Race, Ethnicity and Language data collection training, and facilitation assistance for the Maine CDC Health Equity Council.

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 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)**

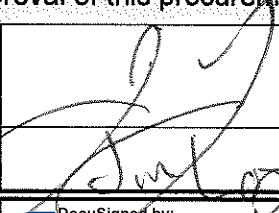
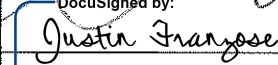
Does this request utilize ARPA/MJRP funds?

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: 4-04-22
Signature of DAFS Procurement Official:	DocuSigned by: 	
Typed Name:	JUSTIN FRANZOSE <small>AEED9C7B3A8044E</small>	Date: 10/5/2022