

**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:		Maine CDC / Maine Prevention Services		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Jennifer Levesque		
(If applicable) Department Reference #:		CD0-20-4568C		
Amount: (Contract/Amendment/Grant)	Original: \$4,902,672.00 Amend: \$392,404.00 Revised: \$5,295,076.00	Advantage CT / RQS #:	CT 10A 20190802000000000397	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/01/2019	Effective Date:	10/01/2022
	Previous End Date:	09/30/2022	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:		MaineHealth dba Maine Medical Center Portland, ME		
Brief Description of Goods/Services/Grant:		Obesity Prevention for Maine's youth and adult populations		

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 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.

Presently, the Maine Prevention Services (MPS) contracts are in the last year of a 5-year cycle and are scheduled to end 09/30/22.

Maine Prevention Services is Maine's prevention arm where the State funds local community partners to work on the following: obesity, tobacco and substance use prevention; youth engagement and empowerment, health communication/social marketing and evaluation. The full value of the MPS portfolio is approximately \$8,000,000. The MPS contracts ensure essential prevention services are available statewide.

Within the MPS portfolio, there are 6 contracts to deliver the statewide prevention work;

1. University of New England,
2. The Opportunity Alliance,
3. Rinck Advertising,
4. MaineHealth,
5. Maine Medical Partners, and;
6. Partnerships for Health.

The purpose of this amendment is to extend this contract by another three months to ensure the continuation of local level substance use prevention services while the Department proceeds with the competitive process.

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

Maine Medical Center's program "Let's Go!" is the single entity that maintains an infrastructure to support immediate access into the respective settings. Further, there is brand recognition of Let's Go! that many stakeholders both recognize and "buy-into," from public health to healthcare to education and beyond.

This provider has expanded on previous efforts and has an existing infrastructure that will support immediate outreach and connection to a broad audience. The provider has resources in place that will link with existing technical assistance networks and partners to increase the state's capacity to reach and impact the population through a multi-sector approach, using evidenced based tools and quality improvement processes to assess and evaluate efforts.

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

Project costs are based upon the current contractual numbers. The expenses and salaries are reasonable, and the organization has found for ways to coordinate functions that result in cost-savings to the agency and the department as a result of the prior contract.

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

The Department intends to competitively procure these services with a contract start date of 01/01/2023.

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

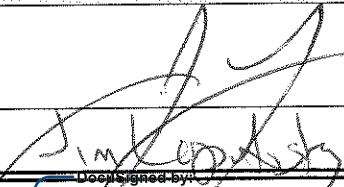

Does this request utilize ARPA/MJRP funds?

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:	22-Sep-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/21/2022