



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:		DHHS / Maine CDC / PHEP/ John Hernandez		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Stacy Martin		
(If applicable) Department Reference #:		CD0-24-1351		
Amount: (Contract/Amendment/Grant)		\$309,604.27	Advantage CT / RQS #:	CT 10A 20230803*253
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2025
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:		City of Portland Portland, Maine		
Brief Description of Goods/Services/Grant:		The Cities Readiness Initiative is responsible for the emergency distribution of life saving medication in Maine's most populated counties of York, Cumberland, and Sagadahoc which comprises Maine's Federally designated Metropolitan Statistical Areas (MSA).		
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.

This agreement is to ensure that the Department can maintain its ability to receive, stage, and distribute life-saving medications to Maine's largest population centers at public Points of Dispensing (PODs) to contain and prevent the spread of an infectious disease or an intentional act of terrorism that releases chemical, biological, or radiological agents into the environment. The activities required to maintain this capability is managed and coordinated by the Provider within the Cities Readiness Initiative (CRI) Metropolitan Statistical Area (MSA). The MSA includes York, Cumberland, and Sagadahoc Counties.

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

The City of Portland's Public Health Division has provided the Department with exemplary service and is the only organization in the federally designated MSA that has the resources, i.e., highly trained and experienced medical countermeasure and medical material management personnel. The City of Portland is the only agency that meets all requirements to perform this work. Maine CDC does not have the capacity to do this work internally.

3. The rates for services in this contract are consistent with the main agreement, for which this is an amendment. The City of Portland is the only agency that meets all requirements to perform this work.

The Department determined the costs to be fair and reasonable after negotiating an agreement with the Provider.

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

The Department does not intend to competitively procure these services at this time.

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

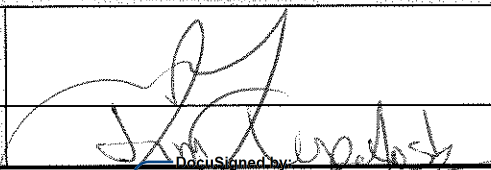
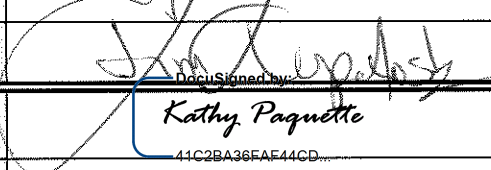
Does this request utilize ARPA/MJRP funds?

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:	John G. Lynch	Date:	12-Sep-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/16/2023