



### 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 / Division of Disease Prevention / Alzheimer's Disease and Related Dementias (ADRD) Program	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall	
(If applicable) Department Reference #:		CD0-25-4546	
Amount: (Contract/Amendment/Grant)	\$ 40,000.00	Advantage CT / RQS #:	CT 10A 20240522000000003355
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 9/30/2025
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:		Alzheimer's Association, Maine Chapter Chicago, Illinois	
Brief Description of Goods/Services/Grant:		Alzheimer's Disease and Related Dementias (ADRD)	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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.

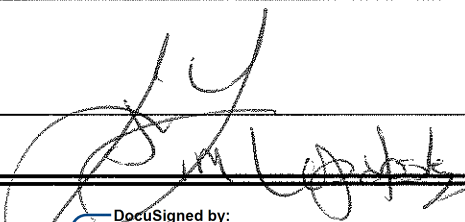

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	The purpose of this Contract is to ensure delivery of communication services that support the Maine Center for Disease Control and Prevention (Maine CDC) Alzheimer's Disease and Related Dementias (ADRD) Program in its efforts to address the increased prevalence of ADRD in Maine. The Alzheimer's Association will collaborate with the ADRD Program and its partners to provide education and communicate to the general public, including high burden populations, about ADRD.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The United States Centers for Disease Control and Prevention (U.S. CDC) established the Alzheimer's Association as one of three Public Health Centers of Excellence responsible for carrying out specific objectives of the Building Our Largest Dementia (BOLD) Grant. As the Public Health Center of Excellence in Dementia Risk Reduction, the Alzheimer's Association is the sole national organization addressing ADRD risk reduction in the general population. It has expertise and a history of translating ADRD science into educational messaging for the public. The Alzheimer's Association has also been the primary organization to collect and analyze data on the prevalence of Alzheimer's and related dementia within Maine and the US.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The Department has reviewed the budget and based on the work the Alzheimer's Association will perform has determined the rates to be fair and reasonable.
4. Describe the plan for future competition for the goods or services.	As the Alzheimer's Association is the only national organization addressing ADRD risk reduction in the general population, the Department will pursue competitive procurement if it identifies newly established organizations performing similar work with this population.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:	20-Sep-2
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/3/2024