



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:	MCDCP/Division of Disease Prevention/MCH		
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Lyndsay Frank		
(If applicable) Department Reference #:	CD0-25-4233		
Amount: (Contract/Amendment/Grant)	\$180,681.00	Advantage CT / RQS #:	CT 10A 20240905000CD0254233
<b>CONTRACT</b>	Proposed Start Date:	<b>7/1/2024</b>	Proposed End Date: <b>6/30/2025</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	University of Southern Maine Portland ME		
Brief Description of Goods/Services/Grant:	Evaluation services for home visiting		

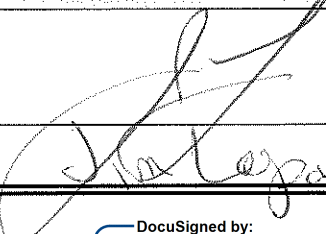

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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 Provider shall provide public health program evaluation, performance measurement, and participant satisfaction assessment services for the Department’s Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. This is a result of a competitive award through RFP 201807149. The evaluation is a requirement of the MIECHV Grant.  This agreement is necessary to continue services for 12 months while the Department combines these services with other Maine CDC epidemiology services into a cooperative agreement.
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	The vendor was awarded this contract through RFP 201807149 which ended 12/31/2023. The Department is continuing with the provider as the Department is re-evaluation the future structure of the services.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	The costs and rates of this vendor were considered fair and reasonable and the best value for the Department. Allowing for inflation, the cost for this contract will remain in line with the original competitive bid.
4.	Describe the plan for future competition for the goods or services.
	The Department does not plan on competitively procuring these services, as the Department is exploring plans to enter into a co-op agreement with the current provider for a combination of disease prevention epidemiological and evaluation services.

<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:	John Legros	Date:	30 Sep 24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/7/2024