



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	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell	
(If applicable) Department Reference #:		CD0-25-1110	
Amount: (Contract/Amendment/Grant)	\$12,700.00	Advantage CT / RQS #:	RQS 10A 20240808000000000183
CONTRACT	Proposed Start Date:	7/1/2024	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:		Daniel Hanley Center for Health leadership Portland, Maine	
Brief Description of Goods/Services/Grant:		Health Leadership Development Course	


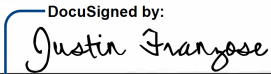
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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.

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 offering 8 additional Cultural Competency and Health Equity Trainings. 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?	
<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.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<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:	Ben Murray	Date:	9/23/24
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	JUSTIN FRANZOSE <small>AFFD9C7B3A8044E</small>	Date:	10/16/2024