



### 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 Division of Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/CDC/MCH	
Department Contract Administrator or Grant Coordinator:		Brienne Carrero / Debbie Weston	
(If applicable) Department Reference #:		CD0-25-4299	
Amount: (Contract/Amendment/Grant)	\$ 115,000.00	Advantage CT / RQS #:	CT 10A 20240814000CD0254299
<b>CONTRACT</b>	Proposed Start Date:	10/1/2024	Proposed End Date: 9/30/2026
<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:		Healthy Birth Day Inc. (Count The Kicks) Clive, Iowa	
Brief Description of Goods/Services/Grant:		Continued promotion of the Count The Kicks program, materials offered at no cost on the website, webinars and ongoing TA.	

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.

It continues to be a goal of the commissioner's office to decrease the rates of maternal, fetal and infant deaths in Maine and to ensure all families have an equal chance at healthy birth outcomes.

This evidence-based, proprietary program has been proven to show a decrease in stillborn deaths in numerous states across the country.

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

Healthy Birth Day Inc., a 501©(3) nonprofit organization based in Des Moines, Iowa created, developed and owns the Trademark for the *Count The Kicks* stillbirth prevention awareness campaign.

There is no competing stillbirth prevention program to **Count The Kicks**. They are the only organization or company in the U.S. that created tools and resources to educate and empower pregnant women to track their baby's movements in the third trimester. They are the only entity to provide a continuum of this kind of stillbirth prevention education to both moms and health providers.

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

The provider has determined the price of staff time, materials and costs for this stillbirth prevention campaign and used this pricing across the country to implement in other States.

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

The initial launch has proven to be successful, evidenced by webinar attendance, request for materials from the website, use of the app and survey.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

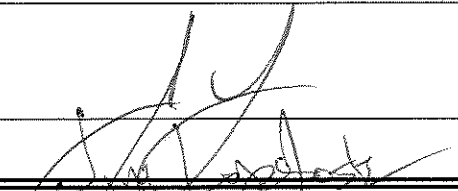

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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.

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:	16 Oct -24
Signature of DAFS Procurement Official:	 DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/24/2024