

## State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

### PART I: OVERVIEW

Department Office/Division/Program:		Maine CDC / Chronic Disease Prevention			
Department Contract Administrator or Grant Coordinator:		Jeanne Garza Shawn Belanger			
(If applicable) Department Reference #:		CD3-22-4531			
Amount: (Contract/Amendment/Grant)	\$ 10,000.00	Advantage CT / RQS #:	CT 10A 2021092700000000798		
CONTRACT	Proposed Start Date:	07/01/2021	Proposed End Date:	06/29/2022	
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:		DFD Russell Medical Centers Leeds, ME			
Brief Description of Goods/Services/Grant:		Partner with the Maine Breast and Cervical Health Program (MBCHP) on a health system Evidence Based Intervention (EBI) project			

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

### PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

**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 agreement is to increase access to medically recommended breast and cervical cancer screening and follow-up services by Maine residents. The Department will partner with the Provider on a health system Evidence Based Intervention (EBI) project to increase breast and cervical cancer screening rates.

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

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### PART III: SUPPLEMENTAL INFORMATION

The Provider is the only regional health organization with the capacity to deliver these specific services that have a priority population. This Provider covers Western Maine District 3 which covers Franklin, Oxford, and Androscoggin counties within the geographic and public health district location.

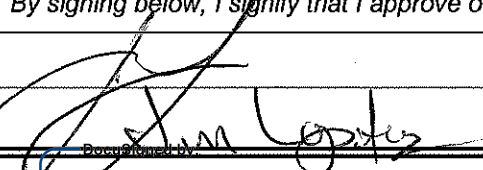

**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The Department considers the negotiated costs reasonable based on the level of effort proposed by the Provider.

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

The Department does not intend to issue a Request for Proposal (RFP) for these services at this time.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	12-Oct-21
<b>Signature of DAFS Procurement Official:</b>			
<b>Printed Name:</b>	Kathy Paquette	<b>Date:</b>	11/12/2021