



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:		DHHS/Office of Maine Care Services		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Jeanne Garza		
(If applicable) Department Reference #:		COM-22-210		
Amount: (Contract/Amendment/Grant)	\$9,000	Advantage CT / RQS #:	CT 10A 2021110100000001112	
CONTRACT	Proposed Start Date:	10/29/2021	Proposed End Date:	4/30/2022
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:		Wabanaki Health & Wellness Inc Bangor, ME		
Brief Description of Goods/Services/Grant:		Consulting on Tribal Health Issues		

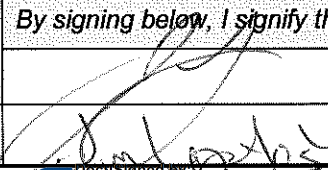
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

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 purpose of this agreement is to help the Department build relationships with each of Maine's federally recognized Tribes in order to meaningfully engage and align priorities as is required by many of the federal programs operated by the Department, as well as to ensure the Department is operating in an inclusive manner.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Provider is the tribal health district for the 4 federally recognized Tribes that live in 5 communities in Maine, and it works closely with each of the Tribes to advance shared priorities. Through this work it has become a trusted resource of the Tribes, which will assist the Department in developing and strengthening relationships with each Tribe to address health disparities and improve overall health outcomes for Tribal members in Maine through aligned initiatives.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The negotiated budget reflects the rates for the Tribal staff under this agreement.
4. Describe the plan for future competition for the goods or services.	The Department does not plan to continue these services beyond the contract period.

PART IV: VENDOR STATUS		
Is the vendor currently working?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

PART V: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part VI	

PART VI: APPROVALS			
Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
Printed Name:		Date:	8-Nov-21
Signature of DAFS Procurement Official:	Sue H. Garcia		
Printed Name:	E5DB92AC0F8D490... Sue H. Garcia	Date:	11/18/2021