



**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:		Maine CDC/Department of Health and Human Services		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/ Jennifer Levesque		
(If applicable) Department Reference #:		CD0-22-1356A		
Amount: (Contract/Amendment/Grant)	Orig: \$ 306,220.00 Amd: \$123,242.00 Revised: \$429,462.00	Advantage CT / RQS #:	CT 10A 20211210000000001473	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/01/2021	Effective Date:	10/01/2022
	Previous End Date:	09/30/2022	New End Date:	12/31/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Medical Care Development Augusta, ME		
Brief Description of Goods/Services/Grant:		Public Health District Liaison Support		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" 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 purpose of this Agreement is to provide funds for the hiring and retention of three (3) Council Coordinators (CC) to support Maine CDC's District Liaisons in their facilitation of the District Coordinating Councils and to assist them in guiding the formation and implementation of a District Public Health Improvement Plan.

As part of the initiative to improve the state's public health system, the Department conducts a State Public Health System Assessment following the guidelines from federal CDC and the National Association of County and City Health Officials. This assessment was last planned to be implemented in the fall of 2020 but was canceled due to the onset of the COVID 19 virus pandemic. Maine CDC working with statewide partners has developed a process for this assessment to be conducted via virtual forums but needs the services of a qualified facilitator and report writer to conduct the forums and organize the results in order to provide clear guidance for public health system improvement.

The purpose of this amendment is to ensure staffing availability and provide sufficient time to enable the completion of Local Public Health System Assessments (LPHSA). Funds are being added to pay staff contracted in the original agreement for the period of extension and subcontracted services necessary for the implementation and reporting of the LPHSA.

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

Through RFP 201710165, an Evaluation Team applied the consensus scoring method in evaluating the Bidders Qualifications and Experience, Proposed Services, and Cost Proposal in awarding the contract to this provider. The final renewal ends 9/30/2022.

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.

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

The Department intends to move the contracted staffing portion of this contract into the Long-Term Staffing Services contract.

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

Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part V

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Debra Downer</i> 5DC6307B8558482...		
Typed Name:	Debra Downer, Deputy Director DHHS Competitive Procurement	Date:	Sep-14-2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA30FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/31/2022