



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 / MCDCP / Chronic Disease Prevention & Control		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brianne Carrero		
(If applicable) Department Reference #:		CD0-23-4556		
Amount: (Contract/Amendment/Grant)		\$ 50,000.00	Advantage CT / RQS #:	CT 10A 20221003000000000992
CONTRACT	Proposed Start Date:	11/01/2022	Proposed End Date:	06/29/2024
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:		Fish River Rural Health (FRRH) Eagle Lake, ME		
Brief Description of Goods/Services/Grant:		Breast and Cervical Health		

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 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 Maine Breast and Cervical Health Program (MBCHP) is required to implement evidence-based breast/cervical cancer screening interventions under federal CDC's cooperative agreement DP22-2202. In order to implement and carry out these interventions, MBCHP needs to work with a health center that (1) is a current supporter of evidence-based breast/cervical cancer screening interventions and willing to share the history of their quality improvement efforts, as well as implement a new evidence-based intervention (EBI) in year two of the contract; and (2) can devote the time and effort to develop educational resources to support such interventions in the primary care setting.

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

Fish River Rural Health is a well-established Federally Qualified Health Center (FQHC) in Maine and has been selected for the following reasons:

- FRRH has an executive director who is an identified "champion"—an advocate for breast/cervical cancer screening improvement who actively supports the quality-improvement efforts of EBIs. (An identified champion is a top EBI strategy that federal CDC advocates.)
- Due to COVID-19 and staffing shortages/vacancies, health centers have found it extremely difficult to allocate time to take on additional work to implement evidence-based breast/cervical cancer screening interventions; however, FRRH is willing and able to allocate the needed time at their three clinics to engage in the evidence-based breast/cervical cancer screening interventions work required by this cooperative agreement with the federal CDC. Over the past several years, MBCHP has reached out to several FQHCs about undertaking EBI work; the FQHCs have declined this work.
- FRRH's executive director is well respected by other FQHC executive directors, which will increase the likelihood of success when MBCHP works to implement/replicate EBI implementation at other FQHCs during subsequent years of cooperative agreement DP22-2202.
- FRRH submitted a Letter of Support and is specifically named in the associated federal workplan that was submitted with the cooperative agreement application in January 2022. MBCHP's goals, including FRRH's role in completing them, received U.S. CDC approval.
- The MBCHP Program Manager has also discussed FRRH's participation with MBCHP's federal CDC project officer.

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

The costs are fair and reasonable based upon other agreements for similar cancer-screening EBI activities.

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

The State of Maine will develop a competitive process whereby primary care providers who are willing to implement EBIs and submit CDC-required data will be selected to receive available funds during successive years of cooperative agreement DP22-2202.

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

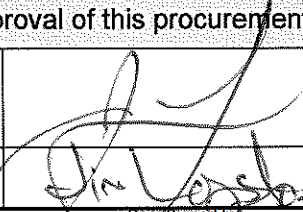
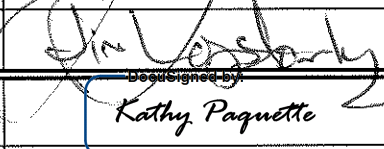
Does this request utilize ARPA/MJRP funds?

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):		
Typed Name:		Date: 20-Oct-22
Signature of DAFS Procurement Official:		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 10/31/2022