

**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 / Disease Prevention and Control		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall		
(If applicable) Department Reference #:		CD0-20-4419E		
Amount: (Contract/Amendment/Grant)	Original: \$1,898,068.00 Amend: \$93,324.00 Revised: \$1,991,392.00	Advantage CT / RQS #:	CT 10A 201905030*3259	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	07/01/2019	Effective Date:	09/01/2022
	Previous End Date:	08/31/2022	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:		Partnerships for Health Augusta, ME 04330		
Brief Description of Goods/Services/Grant:		Evaluation		

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 checked="" type="checkbox"/>	L. Other Authorization – RFP Extended

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.

Presently, the Maine Prevention Services (MPS) contracts are in the last year of a 5-year cycle. The purpose of this amendment is to extend this contract by another four months to ensure the continuation of local level substance use prevention services while the Department proceeds with the competitive process.

Maine Prevention Services is Maine's prevention arm where the State funds local community partners to work on the following: obesity, tobacco and substance use prevention; youth engagement and empowerment, health communication/social marketing and evaluation. The full value of the MPS portfolio is approximately \$8,000,000. The MPS contracts ensure essential prevention services are available statewide.

Within the MPS portfolio, there are 6 contracts to deliver the statewide prevention work;

1. University of New England,
2. The Opportunity Alliance,
3. Rinck Advertising,
4. MaineHealth,
5. Maine Medical Partners, and;
6. Partnerships for Health.

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

This vendor was awarded these services through a competitive award process under RFP 201502033. The Department intends to issue an RFP 202210169 once fully approved for a 1/1/2023 contract start date.

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 on issuing RFP 202210169 for a 1/1/2023 contract start date

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

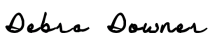

Does this request utilize ARPA/MJRP funds?

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:  5DC6307B8558482...		
Typed Name:	Debra Downer, Deputy Director DHHS Competitive Procurement	Date:	oct-20-2022
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	11/7/2022