



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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 Maine Center for Disease Control and Prevention, Office of Population Health Equity (OPHE)		
Department Contract Administrator or Grant Coordinator:		Chris Moiles		
(If applicable) Department Reference #:		CD9-24-1571		
Amount: (Contract/Amendment/Grant)		\$ 710,000.00	Advantage CT / RQS #:	CT 10A 20230823000000000506
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	5/31/2024
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:		Houlton Band of Maliseet Indians		
Brief Description of Goods/Services/Grant:		Address racial/ethnic COVID-19 disparities through COVID-19 response efforts and/or address social determinants of health in communities that experience COVID-19 disparities within the Public Health District.		

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

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.

Reduce racial/ethnic COVID-19 health disparities by investing in capacity and infrastructure needs of a Tribal Public Health District. Increasing long-term ability to address social determinants of health and reduce COVID-19 related cases, hospitalizations and deaths in tribal communities that experienced COVID-19 disparities. The Provider shall implement programs and activities within communities that address the root causes of COVID-19 or address the social determinants of health that are unique to the community by advancing health equity, by creating the resource(s) needed to address these broader needs and by providing services in culturally relevant, linguistically appropriate, and timely ways. Providers shall also implement activities that increase equitable vaccine access and vaccine confidence through education, outreach and partnerships.

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

The Office of Population Health Equity (OPHE) aims to address health disparities experienced throughout the state, and specifically tribal communities through this work. OPHE's theory of change centers on the idea that the organizations best positioned to impact change in communities are those whose leadership reflects the community they serve. The Houlton Band of Maliseet Indians are federally recognized as a government by the United States of America. This federal recognition gives them a unique government to government trust relationship with the United States. In turn, recognition entitles the Houlton Band to many services provided to Indians by the United States of America, including health care through Indian Health Services (IHS). They are uniquely poised to be able to address health disparities experienced by the tribe they serve.

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

The costs associated with these services have been reviewed by the Department for fairness and allowability. A portion of funding was set aside to support tribes and tribal public health organizations in addressing health disparities in their communities. Funding is comparable with awards given to other Health Equity Infrastructure and COVID-19 Community Resilience providers and was reviewed by the department for the types of health equity services they will provide and the number and type of community engagement activities they will provide.

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

The Department does not anticipate the availability of additional funding after this period.

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

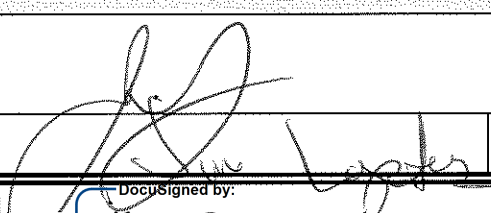
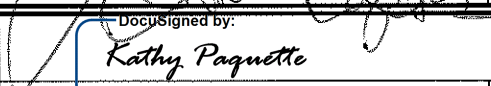
Does this request utilize ARPA/MJRP funds?

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):			Date:	15 - Sep - 23
Typed Name:				
Signature of DAFS Procurement Official:	DocuSigned by: 			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	11/28/2023	