



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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:	ME CDC/ Division of Disease Prevention - MCH		
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Storm Dexter		
(If applicable) Department Reference #:	CD0-24-4292		
Amount: (Contract/Amendment/Grant)	\$ 430,000.00	Advantage CT / RQS #:	CT-10A-20240628000CD0244292
CONTRACT	Proposed Start Date:	4/1/2024	Proposed End Date: 3/31/2026
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:	The Maine Educational Center for the Deaf and Hard of Hearing Falmouth, ME		
Brief Description of Goods/Services/Grant:	Provide screening and support services for DHH children and families of DHH children to ensure Early Intervention.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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 purpose of this agreement is to administer the state-wide Early Hearing Detection and Intervention (EHDI) grant strategies for hearing screening and early intervention in young children up to age 3. MECDHH provides services to support early intervention and enhanced language acquisition for deaf or hard of hearing children, and a network of support for the family. In addition MECDHH provides quality improvement and continual development through their personnel, partnerships, and programming to ensure the best outcomes for DHH children in the State of Maine.

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

MECDHH has been providing state of the art services and support to children who are deaf or hard of hearing and their families throughout the state of Maine since 1975 and is the only provider in the state that can provide services to support the Maine Newborn Hearing Program (MNHP) and be a partner in improving systems and services for infants and children with hearing loss, and their families. In addition, MECDHH was the recipient during the last two HRSA grant cycles and has extensive experience as well as a proven track record of timely and accurate reporting of performance outcomes. The partnership will continue the state-wide program for hearing screening in young children up to age 3 currently under development and implementation by MECDHH and MNHP.

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

The Department has determined these rates are budgeted for and these rates are what was approved as part of the federal grant award.

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

The Department does not intend to RFP for these services because MECDHH is the only organization in the State of Maine who are the experts in deaf and hard of hearing services. Additionally, HRSA awarded the funds with this vendor listed as a grant partner.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

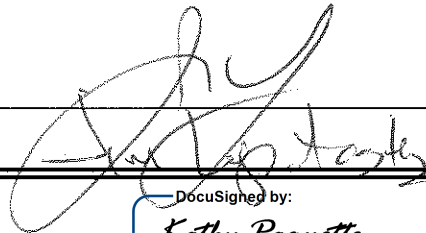
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	25. Sep. 24
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	11/8/2024