



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/Data, Research, and Vital Statistics		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Chris Moiles		
(If applicable) Department Reference #:		CD0-21-1254C		
Amount: (Contract/Amendment/Grant)	Original: Amend: Revised:	\$105,848.00 \$19,175.00 \$125,023.00	Advantage CT / RQS #:	CT 10A 20200417*2893
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/1/2021	Effective Date:	09/30/2022
	Previous End Date:	9/30/2022	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:		University of Maine System dba University of Southern Maine Portland, Maine		
Brief Description of Goods/Services/Grant:		Data Cleaning		

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.

The purpose of this agreement is to clean, standardize and add the 2018/2019 Behavioral Risk Factor Surveillance System (BRFSS) data to the existing 1994-2017 BRFSS multi-year dataset and update Data Dictionary; provide an updated 2018/2019 combined dataset as requested by BRFSS Coordinator and provide ad hoc technical support and analyses as requested by BRFSS Coordinator.

The purpose of this amendment is to extend the end date to 12/31/2022 while an RFP is in process. The specific services this vendor will provide over the next three months are a quality review, initial data cleaning and standardization of 2021 Maine BRFSS data that US CDC has provided to the Department's CDC. Without a contract amendment/extension, data cleaning and review will be delayed until a new contract is established after the RFP process is complete which will cause delays with BRFSS 2021 data being available to program partners.

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

RFP 202208127 evaluation process has been completed and DCM has approved the 3 month extension as the Department continues to negotiate a contract with the awardee.

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 Provider were considered fair and reasonable and the best value for the Department.

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

RFP 202208127 was recently awarded and a new contract from that RFP will begin on 1/1/2023.

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

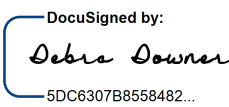
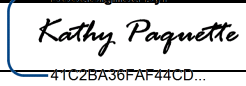
Does this request utilize ARPA/MJRP funds?

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):	 5DC6307B8558482...		
Typed Name:	Debra Downer, Deputy Director DHHS Competitive Procurement	Date:	Nov-02-2022
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	12/5/2022