



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 CDC	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Matt Galletta	
(If applicable) Department Reference #:		CD0-24-4418	
Amount: (Contract/Amendment/Grant)	\$ 30,000.00	Advantage CT / RQS #:	CT 10A 20231031000000001262
CONTRACT	Proposed Start Date:	11/1/2023	Proposed End Date: 9/30/2024
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:		Maine State Breastfeeding Coalition; 4 Carriage Rd, Freeport, ME 04032	
Brief Description of Goods/Services/Grant:		Piloting a Maine specific Worksite Breastfeeding Recognition Program and related consulting	

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 development of the Worksite Breastfeeding Recognition Program is in direct response to the recent updates in federal laws and supports the State's breastfeeding/lactation laws.

Employers are by law required to offer time, adequate space, and other accommodations to support parents that are breastfeeding/lactating as they return to work and/or are newly hired.

The toolkit will contain resources, strategies, and a pathway to support adherence of current laws and policy.

The recognition portion of this project would offer recognition to employers who successfully adopt policies and the best practices as the effort to support employees that are lactating. The department has an Employer Worksite Wellness online tool, the Healthy US Scorecard that is designed to support all aspects of worksite wellness. Embedded in that tool are the areas that support the worksite policy and practices regarding return to work and breastfeeding friendly worksites.

As part of developing the toolkit, resources and recognition will be the connection to the Healthy US Scorecard. The Scorecard will be updated with resources and language reviewed and adjusted to mirror the changes to law and resources developed.

Complementary to this work, this will support updates to the Department's breastfeeding resources and links on the Maine CDC programs pages.

The vendor will work with Department lead to review the Department's breastfeeding website content and provide recommendations for revisions, including but not limited to non-responsive or incorrect web-based links, resources, and information.

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

The Maine State Breastfeeding Coalition (MSBC) is committed to diversity, equity, inclusion, belonging, and justice in support of lactation professionals, human milk feeding families, and their communities. They are the only state level entity that convenes partners to support this work bringing a wide range of expertise from all over the state and are leading efforts for return to work and employer strategies.

The MSBC has an established Workplace Support committee comprised of lactation, employment law, nursing and public health experts who have been working on breastfeeding support education for employees and employers. They are well connected to the United States Breastfeeding Committee and have worked with other state health departments and coalitions on similar initiatives, with access to numerous evidence-based resources on this topic.

PART III: SUPPLEMENTAL INFORMATION

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

Funding for this work is based on estimates provided by the vendor and through work outlined in grant applications that were applied for but not funded by US CDC. Maine CDC's Chronic Disease Program applied for US CDC SPAN funding in spring 2023 that outlined broad obesity prevention strategies, this work was outlined and included in that application. The estimated cost in that application was approximately \$43,000.

Program has reassessed immediate needs and has determined current service costs at the level proposed.

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

This is a one-time service contract and will not be continued.

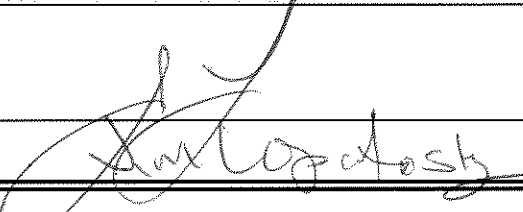
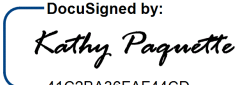
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:			
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	12/22/2023