



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 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 / Melinda Farrell	
(If applicable) Department Reference #:		CD0-25-4435	
Amount: (Contract/Amendment/Grant)	\$90,002.17	Advantage CT / RQS #:	CT 10A 20241209000CD0254435
CONTRACT	Proposed Start Date:	1/1/2025	Proposed End Date: 6/30/2025
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 Access Immigrant Network Portland, Maine	
Brief Description of Goods/Services/Grant:		Community Engagement and Education	

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 contract with the Provider and their team of multilingual Community Health Workers (CHWs) who will work directly with the immigrant and refugee community to form a stakeholder group that can advise on creation and implementation of strategies to reduce and prevent and manage diabetes. This agreement was set to start in January 2023 and end in June 2024 but for various reasons was delayed until now, which has resulted in a higher contract dollar amount to allow for the work to progress through the changing grant and fiscal years.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This vendor is an established organization who has been working with Portland's refugee and immigrant populations since 2002. Maine Access Immigrant Network (MAIN) is the only organization with CHWs who have had previous training demonstrating an existing understanding of USCDC backed Diabetes and Prediabetes prevention strategies and have experience engaging with the community around Diabetes prevention and management. MAIN CHWs are trusted in the refugee and immigrant communities, speak multiple languages, including the target languages of Arabic, Somali and Portuguese and have an existing connection to Portland area healthcare providers. The organization's staff is composed of over 90% individuals who identify as Black, Indigenous, and People of Color (BIPOC). All these factors make MAIN a unique provider when it comes to being successful in this work.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The costs associated with this agreement are similar to other agreements that are implementing similar work.
4. Describe the plan for future competition for the goods or services.	The department does not intend to RFP these services at this time.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

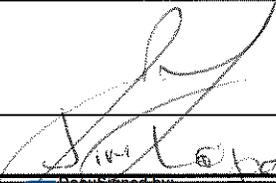
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Jim Lapostoly	Date:	16 Dec 24
Signature of DAFS Procurement Official:	 <small>41C2BA38FAF44CD</small>		
Typed Name:	Kathy Paquette	Date:	12/27/2024