



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/ CDC/MCH			
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall			
(If applicable) Department Reference #:		CD0-24-4299A			
Amount: (Contract/Amendment/Grant)	Original	\$92,000.00	Advantage CT /	CT-10A-20230914*0758	
	Amend A	\$85,700.00	RQS #:		
	New	\$177,700.00			
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date:	9/30/2024	
AMENDMENT	Original Start Date:	10/1/2023	Effective Date:	4/1/2024	
	Previous End Date:	9/30/2024	New End Date:	No Change	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		Healthy Birth Day, Inc. (Count The Kicks) Clive, Iowa			
Brief Description of Goods/Services/Grant:		Count the Kicks implementation			

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 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 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 goal of the commissioner's office is to decrease the rates of maternal, fetal and infant deaths in Maine and to ensure all families have equal chance at healthy birth outcomes.

This evidence-based, proprietary program has been proven to show a decrease in stillborn deaths in numerous states across the country.

Amending to add additional funds to purchase promotional materials for the launch of Count The Kicks, Conferences and Home Visitor tool kits for community based programming. We are also adding funding to extend the contract out an additional two years to be able to collect more data and see if there is an impact on stillbirth or fetal deaths.

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

Healthy Birth Day, Inc., a 501(c)(3) nonprofit organization based in Des Moines, Iowa created, developed and owns the Trademark for the *Count the Kicks* stillbirth prevention awareness campaign.

There is no competing stillbirth prevention program to **Count the Kicks**. They are the only organization or company in the U.S. that created the tools and resources to educate and empower pregnant women to track their baby's movements in the third trimester. They are the only entity to provide a continuum of this kind of stillbirth prevention education to both moms and health providers.

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

The provider has determined the price of staff time, materials and costs for this stillbirth prevention campaign and used this pricing across the country to implement in other States.

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

Currently we have one time funding to put towards a one-year project and we will be monitoring the outcomes and determining the need to continue the program and the cost to sustain in this first pilot year.

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

Does this request utilize ARPA/MJRP funds?

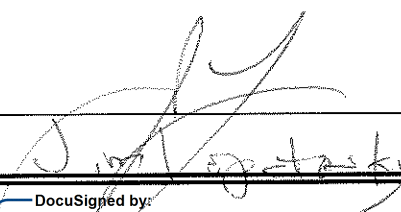
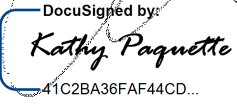
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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: APPROVALS

The signatures below indicate approval of this procurement request.

PART III: SUPPLEMENTAL INFORMATION			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	13-Jun-24
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	6/24/2024