



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
Table with 4 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, CT 10A, Proposed Start Date, Proposed End Date, Original Start Date, Effective Date, Previous End Date, New End Date, Project Start Date, Grant Start Date, Project End Date, Grant End Date, Vendor/Provider/Grantee Name, City, State, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with 4 columns: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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 Maine Cancer Registry (MCR) is obligated to meet national standards for data quality and completeness of cancer case reporting by our federal funder, the National Program on Cancer Registries. The mandatory program requirement is timely submission of data. We are requesting to use federal funding from U.S. CDC to contract for Certified Tumor Registrar (CRS) for the FY24 and FY25 grant period ending June 30, 2026. Without these services, MCR could lose its allotted federal grant funding.

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

Currently MCR has only 2 fulltime CTRs on staff. This is not sufficient staff to process, consolidate, and submit data on over 10,000 Maine cancer cases annually to the federal government. Staffing, resources, and expertise is not sufficiently available within State of Maine Government or any other governmental entity. Any Providers who are willing and meet the specific qualifications detailed above to perform these services may be offered a contract. This vendor meets the qualifications required to perform these services. They have over two decades of experiences as a lead cancer registrar for Maine hospitals and are familiar with national standards for cancer registry data reporting and software.

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

The hourly rate is set at \$50 per hour. This rate has not been increased for the past 7 years. This rate is lower than the lowest rate (\$58/hr in 2012) paid to an agency which supplies CTR services.

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

The Registry will continue to recruit CTR contractors through willing and qualified process. In the past, MCR has recruited through two Associations for Cancer Registrars and Registries. We have also reached out to each Maine hospital cancer registry program, that is how we were able to contract with the person currently providing services. Future recruitment will be done the same way, we will reach out with the professional association listservs and recruitment among hospitals.

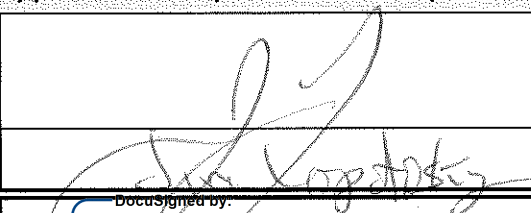

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	7-May-24
Signature of DAFS Procurement Official:			
Typed Name:	kathy Paquette	Date:	5/29/2024