



## 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/ MCDCP/Infectious Disease Surveillance/HIV Prevention	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell	
(If applicable) Department Reference #:		CD6-24-5160	
Amount: (Contract/Amendment/Grant)		\$100,000.00	Advantage CT / RQS #: CT 10A 20240529000000003427
CONTRACT	Proposed Start Date:	4/1/2024	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:		Needlepoint Sanctuary of Maine Bangor, ME	
Brief Description of Goods/Services/Grant:		Syringe Service Programs	

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

This Agreement aims to expand and increase certified syringe service programs (SSP) in Maine. These services would expand staffing, referral services, distribution of naloxone, and fund the purchase of physical program supplies (such as syringes, cotton balls, prep pads, filters, and HIV and Hepatitis C point-of-care rapid testing kits) for Certified Hypodermic Apparatus Exchange Programs in Maine, as directed in LD1707 and LD1552 and by Title 22, §1341, Hypodermic Apparatus Exchange Programs (<http://legislature.maine.gov/statutes/22/title22sec1341.html> ) and any applicable rules, see: <https://www.maine.gov/sos/cec/rules/10/chaps10.htm>

This amendment will add \$100,000.00 for a new certified syringe service program, Needlepoint Sanctuary. This syringe service program was certified after the 7/01/2023 and will have funding from 4/01/2024 to 6/30/2025. Funding for Needlepoint Sanctuary is part of the State’s HIV Cluster response efforts in the Bangor, Maine area to increase services and resources to reduce human immunodeficiency virus (HIV) and hepatitis C virus (HCV) transmission.

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

DHHS Maine CDC has determined that these providers are uniquely qualified to provide these services because they offer Certified Hypodermic Apparatus Exchange Programs in Maine and are therefore one of the only agencies that can legally do this work on a State-certified basis. Certified Hypodermic Apparatus Exchange Programs in Maine, as directed in LD1707 and LD1552 and in accordance with Title 22, §1341, Hypodermic Apparatus Exchange Programs (<http://legislature.maine.gov/statutes/22/title22sec1341.html> ) and any applicable rules, see: <https://www.maine.gov/sos/cec/rules/10/chaps10.htm>

HIV and HCV can be transmitted through blood-to-blood contact and therefore it is important that at risk populations, such as people who are unhoused and people who inject drugs, have access to new syringes and proper syringe disposal to avoid transmission of HIV and HCV through used syringes. Needlepoint is certified to operate in the largest encampment for unhoused individuals in Bangor and will provide syringes and disposal as well as HIV and HCV testing and linkage to care.

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

As directed by statute/22/title22sec1341 the funding of each Exchange Program is “based on rates of intravenous drug use and negative health outcomes related to drug use in the geographic area surrounding a program; if applicable, the number of services historically provided by the certified program; and other relevant factors”. The rate for this service is comparable amongst the different willing and qualified providers.

State general funds have been allocated to Needlepoint Sanctuary to assist with HIV and HCV testing and linkage to care, as well as provide harm reduction services necessary for the HIV Cluster response efforts. Due to increase in HIV and HCV infections in Bangor, Maine, this funding was deemed necessary to prevent further transmission and care for those currently infected.

**PART III: SUPPLEMENTAL INFORMATION**

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

The Department does not intend to RFP these services as they are offered to Providers who are willing and qualified to provide these services.

**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.

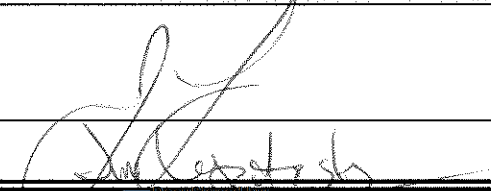

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	24 = Sep = 24
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> Kathy Paquette <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	6/28/2024