

**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:		Maine CDC / Disease Prevention and Control		
Department Contract Administrator or Grant Coordinator:		Chris Moiles		
(If applicable) Department Reference #:		CD0-21-4469B		
Current:	\$ 626,225.00	Advantage CT / RQS #:	20200612000000003890	
Amendment:	\$ <u>105,495.00</u>			
Revised:	\$ 731,720.00			
CONTRACT	Proposed Start Date:		Proposed End Date:	
	Original Start Date:	07/01/2020	Effective Date:	10/01/2021
AMENDMENT	Previous End Date:	09/30/2021	New End Date:	12/31/2021
	Project Start Date:		Grant Start Date:	
GRANT	Project End Date:		Grant End Date:	
	Vendor/Provider/Grantee Name, City, State:	National Alliance on Mental Illness - Maine Chapter (NAMI-Maine) Hallowell, ME 04347		
Brief Description of Goods/Services/Grant:		Suicide Prevention Training and Education		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 checked="" type="checkbox"/>	L. Other Authorization: RFP Extended

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 reduce suicide and suicide attempts among Maine people across the lifespan by preparing various professional groups through training and education to recognize and respond effectively to suicidal behavior. The Provider shall plan, develop, manage, conduct, and evaluate the impact of suicide prevention training and education programs and provide capacity building for schools, community programs and organizations on suicide-prevention policies and protocols.

The purpose of this amendment is to extend the agreement to complete the RFP process for a new contract to start 01/01/2022.

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

This Provider has developed materials, relationships and engaged schools, community programs and organizations providing suicide prevention training and education programs and providing capacity building for on suicide-prevention policies and protocols. Those relationships with the community partners have enabled the Department to provide a quality message and expand the delivery of the message to decrease the number of suicides in the State of Maine.

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

The costs for this agreement are based upon past costs with this Provider for these services under RFP 201503052. Those costs have remained consistent since the contract was awarded.

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

The Department is finalizing an RFP to procure these services with a 01/01/2022 contract start date.



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:	Benjamin Mann	Date:	12/21/21
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	1/20/2022