



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.

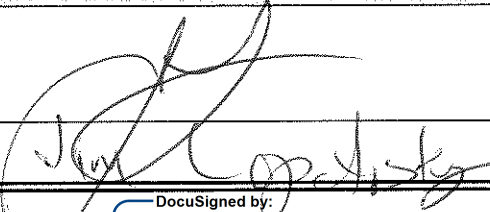

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OCFS	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell	
(If applicable) Department Reference #:		CBH-24-5001	
Amount: (Contract/Amendment/Grant)	\$750,000.00	Advantage CT / RQS #:	CT 10A 20231027000000001235
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date: 6/30/2024
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:		NAMI Maine Inc. Hallowell, ME 04347	
Brief Description of Goods/Services/Grant:		Family Support Respite Care Services	

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 checked="" type="checkbox"/>	L. Other Authorization-RFP Extended

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION													
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>													
<p>The purpose of this Agreement is to provide timely access to short-term Respite Care services for qualifying Primary Caregivers who have a Child with a Qualifying Mental Health Diagnosis and/or a Significant Delay. These services shall improve the Primary Caregivers' satisfaction in their relationship with their Child, increase the capability of the Primary Caregiver in dealing with a Child's presenting difficulty, reduce stress or pressure in the Primary Caregiver's life, and increase optimism about the Child's future.</p> <p>The Provider shall coordinate the provisions of Respite Care services to eligible families and recruit, employ, and train Direct Service Respite Providers (DSRPs) as needed. The Provider shall provide these services in a timely manner and assist families when they are having difficulty finding a DSRP provider.</p>													
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p>													
<p>The vendor was selected as a result of the competitive process in RFP #201611216. This procurement ended on 6/30/2022.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Initial Start Date *</td> <td style="width: 30%;">10/1/2017</td> <td style="width: 30%;">Initial End Date *</td> <td style="width: 10%;">9/30/2019</td> </tr> <tr> <td>Renewal 1 Start Date</td> <td>10/1/2019</td> <td>Renewal 1 End Date</td> <td>9/30/2021</td> </tr> <tr> <td>Renewal 2 Start Date</td> <td>10/1/2021</td> <td>Renewal 2 End Date</td> <td>6/30/2022</td> </tr> </table>		Initial Start Date *	10/1/2017	Initial End Date *	9/30/2019	Renewal 1 Start Date	10/1/2019	Renewal 1 End Date	9/30/2021	Renewal 2 Start Date	10/1/2021	Renewal 2 End Date	6/30/2022
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<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>													
<p>The cost of these services was deemed fair and reasonable by the Department during the budgetary review of the proposal awarded through the RFP#201611216.</p>													
<p>4. Describe the plan for future competition for the goods or services.</p>													
<p>This service is currently being competitively procured (CADB# OCFS20214) for a 7/1/2024 contract start date.</p>													

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

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	7-NOV-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	1/25/2024