



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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.

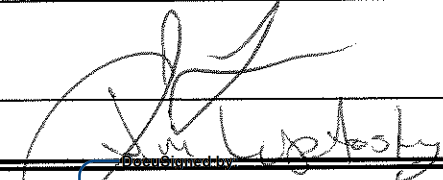
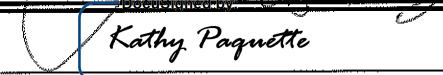
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/ CDC/ MCH		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero		
(If applicable) Department Reference #:		CD0-23-4207		
Amount: (Contract/Amendment/Grant)		\$ 29,900.00	Advantage CT / RQS #:	CT 10A 2023030200000002212
CONTRACT	Proposed Start Date:	3/15/2023	Proposed End Date:	6/30/2023
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:		Maine Chapter of the American Academy of Pediatrics Manchester, ME		
Brief Description of Goods/Services/Grant:		Maine AAP has created a learning collaborative that aims to increase the ability of primary care clinicians to offer comprehensive treatment for adolescent substance misuse and substance use disorders in the primary care setting by increasing knowledge of adolescent substance use disorders, cultivating clinical champions and build a network of support for clinicians engaging in this work.		

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 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.	<p>Child and Adolescent Mental Health and Substance Use Disorders are at an all-time high. Nationally we are seeing a crisis around mental health and substance use disorders. The Maine Chapter of the Academy of Pediatrics has developed a learning collaborative (Treat ME) that aims to increase the ability of primary care clinicians to offer comprehensive treatment for adolescent substance misuse and substance use disorders in the primary care setting by increasing knowledge of adolescent substance use disorders, cultivating clinical champions and build a network of support for clinicians engaging in this work.</p> <p>Maine AAP shall deliver both pre-recorded and asynchronous sessions, live webinars and two (2) half-day, in person, live learning sessions delivered by recruited faculty with expertise in adolescent psychiatry and adolescent addiction medicine.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The Maine Chapter of American Academy of Pediatricians is the only medical academy that focuses solely on providing support and educational opportunities to pediatricians in Maine.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Treat Me is a yearlong learning collaborative and Maine AAP can provide this in person learning sessions within the timeframe required, as the funding for this opportunity has a limited availability, and at a fair cost.</p>
4. Describe the plan for future competition for the goods or services.	<p>This is a one-time project.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			Date: 16-Mar-23
Typed Name:	Sam Lapointe		
Signature of DAFS Procurement Official:			Date: 3/23/2023
Typed Name:	Kathy Paquette		