



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/OBH – Rebecca Taylor; Theresa Witham		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza Shawn Belanger		
(If applicable) Department Reference #:		OSA-22-3000		
Amount: (Contract/Amendment/Grant)	\$ 230,000.00	Advantage CT / RQS #:	CT 10A 20221104000000001298	
CONTRACT	Proposed Start Date:	4/18/2022	Proposed End Date:	9/30/2023
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:		MIT Lincoln Laboratory Lexington, Massachusetts		
Brief Description of Goods/Services/Grant:		Analytics for Crisis System of Care		

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.

The purpose of this agreement is to continue building on the current crisis data system – with a focus on building tools informing mobile crisis response and planning. The Department currently does not have an adequate system to make data-driven policy decisions around the mobile crisis services and resource allocation.

For this effort, the Provider and collaborators from the Boston University School of Public Health (BU SPH) – in partnership with the Department's Office of Behavioral Health (OBH) – will develop a data system prototype that integrated, visualized, and analyzed disparate datasets related to mental health crisis care services.

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

The Provider has already developed much of the system under a project funded by the Federal Emergency Management Agency (FEMA) Region 1. Where this is a continuation of the work, it does not make sense to utilize another provider for the next phase. The Provider also shares with the Department the intellectual rights to the solution.

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

Costs for this service are comparable with other services of this kind, size and scope.

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

The Department does not plan to competitively procure these services.

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

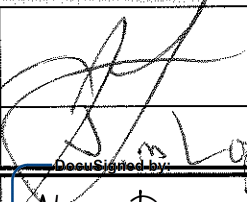
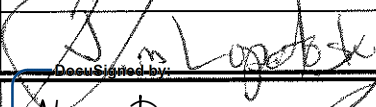
Does this request utilize ARPA/MJRP funds?

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:	Nancy Tan	Date:	1-Dec-22
Signature of DAFS Procurement Official:			
Typed Name:	Nancy Tan Deputy Director of IT Procurement	Date:	Mar-24-2023