



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.

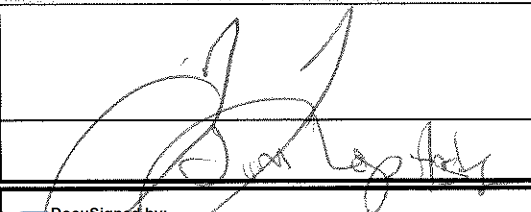
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS / OCFS/ Children's Behavioral Health Services		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Stacy Martin		
(If applicable) Department Reference #:		CBH-24-2400 A		
Amount: (Contract/Amendment/Grant)	Orig: Amend A: Revised:	\$49,560.00 \$89,982.28 \$139,542.28	Advantage CT / RQS #:	CT 10A 20230825*542
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/1/2023	Effective Date:	10/1/2023
	Previous End Date:	9/30/2024	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		WhyTry LLC Provo, UT		
Brief Description of Goods/Services/Grant:		Evidence-based, Social and Emotional Learning (SEL) training and certification for up to three hundred (300) Providers in Maine in WhyTry (Level 1 and Level 2).		

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 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>The purpose of this Agreement is to provide evidence-based manualized WhyTry training Level 1 and 2 to child-serving systems statewide.</p> <p>The WhyTry Level 1 curriculum offers tools to assist families and providers serving children increase resilience in the home. This 10-unit, manualized, youth, adult, and family-focused curriculum, targets relationships, relevance, and resilience, to assist youth and their families to improve engagement, understand how their decisions may affect their future, and decrease negative behaviors that impact their lives using the Collaborative for Academic, Social, and Emotional Learning (CASEL) fidelity model. WhyTry Level 2 curriculum offers advanced skill development to utilize curriculum to reduce barriers, and reinforce and expand WhyTry Level 1 skills.</p> <p>This Amendment adds the WhyTry Level 2 curriculum and funding needed to provide the services.</p>
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	WhyTry is the sole proprietor, distributor, and provider of the WhyTry Program Toolkit and Training curriculum.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	The cost were negotiated and found reasonable based on services proposed. When compared to other tools measuring Social Emotional Learning interactions. This contract is supported by Bipartisan Safer Communities Act Funding shall be BSCA Funding.
4.	Describe the plan for future competition for the goods or services.
	The Department does not intend to competitively procure these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<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):			
Typed Name:		Date:	27-Feb-24
Signature of DAFS Procurement Official:	DocuSigned by: William J.E. Allen 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	3/11/2024

NOI 0320240265 03/12/2024 - 03/18/2024