



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.

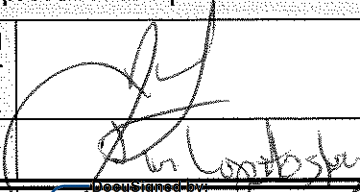
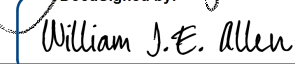
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH Kelly Staples / Theresa Witham		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Patricia Wall		
(If applicable) Department Reference #:		MH1-24-4010		
Amount: (Contract/Amendment/Grant)		\$ 54,250.00	Advantage CT / RQS #:	CT 10A 20240319000000002537
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2025
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:		Intentional Peer Support LLC West Chesterfield, NH		
Brief Description of Goods/Services/Grant:		Certified Intentional Peer Support Specialist (CIPSS) training and implementation of the CIPSS certification process.		

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 checked="" 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 provide consultation services and training for Department staff with the purpose of improving the delivery of Certified Intentional Peer Support Specialist (CIPSS) training and implementation of the CIPSS certification process.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Certified Intentional Peer Support Program (CIPSS) training provides a formal structured certification process which provides consistency and ongoing training for Peer Support Specialists. To maintain the quality care for Mental Health Consumers, staff are required to be CIPSS certified.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The cost was determined through a strict timeline of deliverables and is based on a cost per training. Trainings and the follow up discussion will be provided at the rates outlined in Rider B.
4. Describe the plan for future competition for the goods or services.	The Department does not intend to RFP this service. The vendor has proprietary rights to the trainings.

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:	15-Jun-23
Signature of DAFS Procurement Official:	<small>Deauthorized by:</small>  <small>2D5B6E39F57E44A...</small>	Date:	3/22/2024
Typed Name:	william J.E. Allen	Date:	3/22/2024

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