



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		OCFS/DHHS/CBHS		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		CBH-25-1500A		
Amount: (Contract/Amendment/Grant)		Original: \$503,610.00 Amend A: \$134,690.00 Revised: \$638,300.00	Advantage CT / RQS #:	CT 10A 20240614000CBH251500
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2024	Effective Date:	1/1/2025
	Previous End Date:	6/30/2026	New End Date:	No change
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Triple P America Inc., Columbia, South Carolina		
Brief Description of Goods/Services/Grant:		Triple P: Levels 2, 3, 4, and 5 training and accreditation.		

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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1.	Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
	<p>Triple P (Positive Parenting Program) is an evidence-based parenting program with more than forty (40) years of ongoing research. Triple P gives parents/caregivers simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior, and prevent developmental problems. Triple P is used in more than thirty (30) countries and has been shown to work across cultures, socio-economic groups, and in many kinds of family structures. This contract will enable CBHS to improve access to effective multi-tiered treatment and parenting support for children and their caregivers. It will increase the pool of accredited Triple P practitioners in Maine, as demand for this type of service remains strong. This program will provide access to trainer-facilitated, peer assisted supervision, and support, as part of maintaining fidelity to the models. It will allow access, and support for Triple P Online System suite of interventions, which are parent self-directed evidence-based online versions of Triple P Level 4 interventions, will continue.</p> <p>The purpose of this Amendment is to add funding approved by the '9817 (FMAP) Steering Committee, for practitioner fidelity monitoring support, purchase of tailored communications and marketing materials and additional online intervention access codes.</p>
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	<p>Triple P America has proprietary rights, and owns the products; therefore, they are the only ones who can train and provide these accreditations and allow access to Triple P Online. They employ trainers across the United States and in other countries. There will be no travel costs as the training sessions will all be virtual.</p>
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	<p>These interventions are well researched, and evidence based. They are offered by Triple P America only, and they determine rates for Level 1 through Level 5 interventions. Costs are current for 2025.</p>
4.	Describe the plan for future competition for the goods or services.
	<p>The Department does not plan to RFP for this service.</p>

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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.	

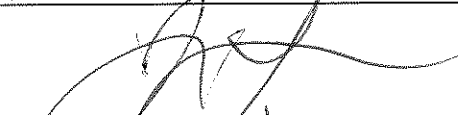

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Alex Staley	Date:	27 Feb 25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  Kathy Paquette		
Typed Name:	Kathy Paquette	Date:	3/10/2025