



## 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:	DHHS/ CDC/ MCH		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:	CD0-25-4209		
Amount: (Contract/Amendment/Grant)	\$50,000.00	Advantage CT / RQS #:	CT 10A 20250206000CD0254209
<b>CONTRACT</b>	Proposed Start Date:	<b>2/15/2025</b>	Proposed End Date: <b>7/30/2025</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	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:	Trauma-informed learning collaborative related services		

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 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 support the development of a Trauma Informed Care (TIC) Learning Collaborative. The Maine Chapter of the AAP has championed resilience among the medical community for years and DHHS is looking to offer a state-wide, interdisciplinary trauma-informed care summit and Trauma-Informed Care Collaborative. By reaching all the groups that work with families who have experienced trauma, we can offer consistency in the tools and strategies we use both to respond to trauma on an individual level, family level, for communities and our state as a whole.

In doing this, the hope is to identify areas where we can improve interdisciplinary bidirectional communication for providers and families around all issues that impact the provision of truly trauma-informed care and collaboration.

The Provider shall provide expert-led sessions that educate and equip providers with the knowledge and skills to implement trauma-informed care practices and host a one-day in-person summit to facilitate learning and collaboration among attendees.

Dr. Gretchen Pianka was named by National AAP as Maine's Trauma Informed Care Champion and will be participating in a yearlong TIC Cohort at the National Level. She will be leading the TIC Learning Collaborative by cultivating trauma informed clinical champions and building a multidisciplinary network of support for providers engaging in this work through the Maine AAP.

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

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.

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

Maine AAP can provide the Trauma Informed Care Learning Collaborative which will offer a one day in person conference and ongoing webinars within the timeframe required, as the funding for this opportunity has a limited availability (expires 7/30/2025), and at a fair cost.

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

This is a one-time project that is funded through carryover funds that expire on 7/30/2025.

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

Does this request utilize ARPA/MJRP funds?

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.

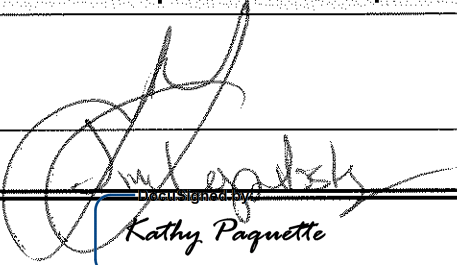
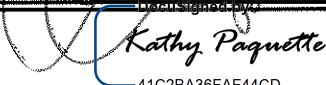
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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.

<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.
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**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			Date:	6-11-25
Typed Name:				
Signature of DAFS Procurement Official:	 41C2BA36FAE44CD		Date:	3/10/2025
Typed Name:	Kathy Paquette			