



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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/OCFS/Child Welfare Services	
Department Contract Administrator or Grant Coordinator:		Stephanie Wood/ Jennifer Levesque	
(If applicable) Department Reference #:		CFS-27-1503	
Agency Department Code:	10A	Advantage CT / RQS #:	20260401000CFS271503
Amount: (Contract/Amendment/Grant)		\$32,000.00	
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date: 6/30/2028
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		National Children's Advocacy Center (NCAC) Huntsville, Alabama	
Brief Description of Goods/Services/Grant:		Advanced Forensic Interviewing for Child Welfare Workers	

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. Higher Education 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 Office of Child and Family Services (OCFS), Child Welfare staff conduct forensic interviews daily. Solid forensic interviewing skills increases child safety and productivity and could decrease the overturn rates of findings within OCFS, which is currently higher than the national average, at forty-four percent (44%) overturn rate. Having access to this training increases skill and competence in our staff, which then offers better service to the families of Maine.</p> <p>All OCFS Child Welfare staff are required to participate in basic forensic interview training when they join the Department. That training curriculum consists of the background behind the protocol, the research that supports it, the steps to the protocol, child development, and the appropriate questions to ask while assessing child abuse allegations. The Advanced Forensic Interviewing Training has a dual focus: an emphasis on developing specific interviewing skills supported by research, and an additional focus on increasing the interviewer’s ability to describe and defend the skills and protocol employed in a child forensic interview.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	<p>The Advanced Forensic Interviewing Training utilizes the NCAC Child Forensic Interview Structure proprietary model. This model developed by the National Children’s Advocacy Center is the same model that is used in the basic forensic interview training that is required for OCFS Child Welfare staff. National Children’s Advocacy Center does not offer a train the trainer approach and is the only entity to train on their model.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The NCAC trainers offer four (4) two (2)-day Advanced Forensic Interviewing trainings. Approximately thirty (30) OCFS Child Welfare staff will participate in each training. The NCAC training fee for each of the two (2)-day sessions remains \$6,000.00.</p> <p>In addition to the proprietary training model and unique expertise of this Provider, the Department has determined that there is both cost savings and efficiency in having the NCAC training provided on site to OCFS Child Welfare staff.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to RFP this service.</p>

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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	

No – If No, proceed to Part V.

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

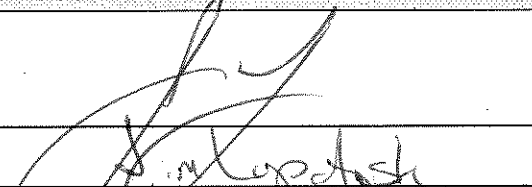
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

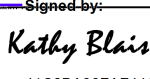
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 15-Apr-26

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date:

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: 	
Typed Name:	Kathy Blais	Date: 4/28/2026