



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
Table with fields: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, CONTRACT, AMENDMENT, GRANT, Vendor/Provider/Grantee Name, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)
Table with checkboxes for A-L: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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 for consultation services and fidelity reviews of the EBP ACT services

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

The Provider is performing fidelity reviews of ACT teams and providing consultation and training workshops to providers of ACT services to enhance the level of fidelity and the work with consumers. Fidelity reviews must be done by highly trained reviewers utilizing the EPB standards. In most states that do not use this vendor, the reviews are completed by state staff of a local entity that only does reviews in that state. Westat Inc. no longer has an infrastructure to contract for these reviews and internet searches do not yield other possible vendors.

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

The rates were reviewed and accepted based on previous rates paid for similar consultation and training services.

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

The subject matter of completing ACT Fidelity reviews has not been identified as a resource that other providers/vendors offer, nor the Department. The Department does not intend to RFP this service

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

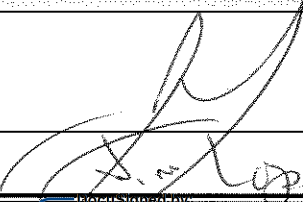

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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:	J. M. Lopatosh	Date:	31-Mar-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/2/2022