



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:	OBH/CBHS/Selina Mcglauffin		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Stephanie Wood		
(If applicable) Department Reference #:	CBH-27-1500		
Agency Department Code:	10-A	Advantage CT / RQS #:	20260403000CBH271500
Amount: (Contract/Amendment/Grant)	\$40,000.00		
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:	Triple P America, Inc. Columbia, South Carolina		
Brief Description of Goods/Services/Grant:	Triple P Level 2 -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 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.

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-one (31) 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 increase the pool of accredited Triple P practitioners in Maine, increasing access to effective multi-tiered treatment and parenting support for children and their caregivers. Demand for this type of service remains strong. Additionally, access and support for trainer-facilitated, peer assisted supervision will continue for accredited providers; 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 as well as Triple P marketing strategies.

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.

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.

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

These well-researched, evidence-based interventions are offered by Triple P America only, and they determine and publish the costs.

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

The Department does not plan to use RFP for this service.

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).
- 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

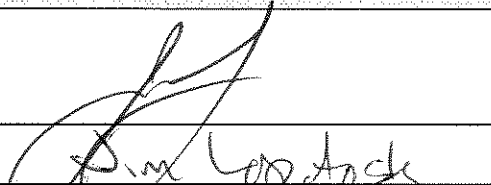
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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

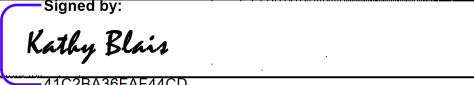
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Longfellow	Date:	21-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:	5/19/2026