

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/DEEP/Patrick Bouchard Christie Goodman (OBH PA)	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Arlene Jones	
(If applicable) Department Reference #:		OSA-21-202	
Amount: (Contract/Amendment/Grant)	\$ 67,000.00	Advantage CT / RQS #:	10A 20200514*3294
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: 6/30/2022
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		ADE, INC Clarkston, Michigan	
Brief Description of Goods/Services/Grant:		Testing services, use of copyrighted standardized assessment instruments (NEEDS and JASAE) administered to individuals attending a DEEP educational class.	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The services provided in this contract aids in meeting the statutory requirement that OUI (Operating Under the Influence) offenders must complete which is a preliminary assessment to screen for those individuals who need further intervention (evaluation and/or treatment services). The NEEDS is the standardized assessment instrument for use with adult offenders, and the Juvenile Automated Substance Abuse Evaluation (JASAE) is the standardized assessment instrument for use with offenders under 21 years of age. These services assist in protecting and maintaining the public safety of the citizens of Maine.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

This provider has the unique capability to meet the needs of DEEP to carry out the specific requirements for preliminary assessment of OUI offenders set forth in statute. The Provider offers tested and proven standardized instruments that are essential tools in providing a quality assessment process and efficient gathering of client data. These are the only instruments available nationally that collect standard data on the client population, incorporate multiple surveys for outcome or follow-up measures, and generate scored reports. The Provider offers discrete instruments for both the adult and juvenile populations.

The Provider currently provides a distinct service for the DEEP programs that aids in meeting the statutory criterion for assessing OUI offenders.

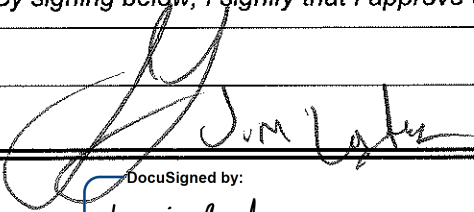
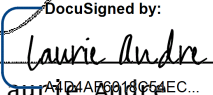
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

From surveying available standardized assessment instruments nationally for this population and market in 2009, it is evident that ADE currently offers the most comprehensive services for the least cost per instrument. All costs for software, data collection, and report generating are covered in the "per-instrument" fee.

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

At this time SAMHS does not intend to RFP this service.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	3-Jun-20
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	Laurie Andre	Date:	6/30/2020