



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				
Department Office/Division/Program:		DHHS/OCFS/CBHS		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Jeanne Garza		
(If applicable) Department Reference #:		CBH-21-1500B		
Amount: (Contract/Amendment/Grant)	Original: \$604,187.00 Amend A \$308,461.00 Amend B \$322,771.00 Revised: \$1,235,419.00	Advantage CT / RQS #:	CT 10A 20210322*2541	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	4/1/2021	Effective Date:	3/31/2022
	Previous End Date:	3/31/2022	New End Date:	10/31/2022
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:		Training and certification for up to two hundred (200) Practitioners in Maine in Standard Triple P (Level 4), Standard Teen Triple P (Level 4), Pathways Triple P (Level 5), and Triple P Group.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" 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.

Triple P-Positive Parenting Program is an evidence-based parenting program and is found to be one of the most effective programs in the world, backed up by more than thirty-five (35) years of ongoing research. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing. Triple P is used in more than thirty (30) countries and has been shown to work across cultures, socio-economic groups and in many kinds of family structures. This contract will enable OCFS to increase the pool of certified Triple P practitioners in Maine and improve access to this effective treatment modality for children and families.

The purpose of this amendment is to add an additional two (2) cohorts to focus on individuals providing Therapeutic Foster Care, totaling forty (40) additional participants to create a Spring/Summer 2022 cohort. These cohorts shall receive Triple P Standard/Teen, Pathways, and Group. Additionally, this amendment is to add two (2) cohorts of Triple P Group to those who have completed Triple P Standard/Teen/Pathways, totaling forty (40) participants to create a Summer 2022 cohort. Lastly, this amendment extends the contract end date in order to accommodate these cohorts' schedules. The training will be offered virtually via ZOOM at no cost.

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

Triple P America has proprietary rights and owns the product; therefore, they are the only ones who can train and provide this accreditation. 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 via ZOOM.

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

The service is a well-researched evidence-based parenting program that can only be provided by Triple P America. Costs have been negotiated with the provider and align with standard Triple P training costs.

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

The Department does not plan to RFP this service.

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

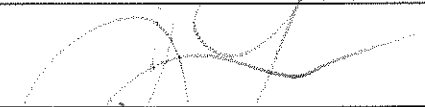
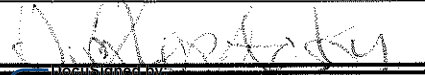

Does this request utilize ARPA/MJRP funds?

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:		Date:	29-Mar-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/7/2022