

**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 (Form's page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OADS/Research Craig Patterson / Lori Harding	
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Patricia Wall	
(If applicable) Department Reference #:		ADS-22-4722A	
Amount: (Contract/Amendment/Grant)	Amend A: \$132,494 Revised: \$264,988	Advantage CT / RQS #:	CT 10A 20210505*3086
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	07/01/2022
	Previous End Date:	New End Date:	06/30/2023
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Mobius, Inc. Damariscotta, Maine	
Brief Description of Goods/Services/Grant:		Statewide Non-Traditional Communication Consultation	

**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.

**PART III: SUPPLEMENTAL INFORMATION**

**Amendment to extend this agreement for a second year of services.** Adults with Intellectual Disability (ID) or Autism Spectrum Disorder (ASD) who receive services through the Department may be deaf, hard of hearing, or rely on non-traditional communication such as visual gestural communication to communicate with others. Improving communication with consumers increases their ability to access and benefit from quality services and supports delivered in community settings.

Assessments conducted by consultants specializing in non-traditional communication and visual gestural communication are used during development of Person-Centered Plans to ensure that the communication preferences and challenges of consumers are addressed. These consultants also provide training to support staff, community members, and caregivers on communication techniques specific to consumers.

Services provided through this Agreement in support of ID/ASD consumers receiving services through the Department are intended to ensure continued compliance for effective communication accommodations under 34-B M.R.S.A. § 1218 and the Federal Adults with Disabilities Act (ADA), as defined in 28 CFR, Ch. 1, §36.303(c).

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

This vendor has provided consistently high-quality non-traditional communication and visual gestural communication services and training under previous agreements with the Department. The vendor has developed and now maintains a dynamic and effective Statewide Non-Traditional Communication Consultation program.

The main purpose of the Provider's Statewide Non-Traditional Communication Consultation program is to assess the current communication skills of individuals and to provide training to enrich the communication abilities of individuals and the environments in which they live. Other components of the program include outreach and consultation to other professionals for enhancing their skill level regarding non-traditional communication. Since the program's inception in 2001, over 1,000 adults and children have been assessed and/or provided consultation.

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

The budget for this Agreement was negotiated by the Department and the Provider to determine fair and reasonable costs for the services provided against similar services. The budget will be subject to the requirements of the Maine Uniform Accounting and Auditing Practices for Community Agencies (MAAP).

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

The Department intends to competitively procure these services under RFP OADS20221, for a contract start date of July 1, 2023.

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

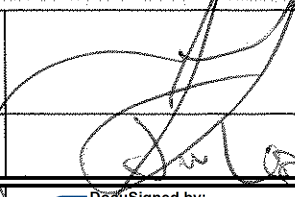
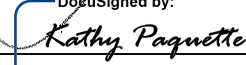
Does this request utilize ARPA/MJRP funds?

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:	5 Apr 22
Signature of DAFS Procurement Official:	Digitally signed by: 		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	6/23/2022