



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 4 main rows and multiple columns. Row 1: Department Office/Division/Program: DHHS/OBH/Leticia Huttman & Sara Wade. Row 2: Department Contract Administrator or Grant Coordinator: Jennifer Levesque / Patricia Wall. Row 3: (If applicable) Department Reference #: MH4-22-212A. Row 4: Amount breakdown (Original, Amd A, Revised Total) and Advantage CT / RQS #: CT 10A 20210802\*\*0231. Row 5: CONTRACT Proposed Start Date: 4/1/2022, Proposed End Date: 3/31/2024. Row 6: AMENDMENT Original Start Date, Previous End Date, Effective Date, New End Date. Row 7: GRANT Project Start Date, Project End Date, Grant Start Date, Grant End Date. Row 8: Vendor/Provider/Grantee Name, City, State: CASE WESTERN RESERVE UNIVERSITY CLEVELAND, OH. Row 9: Brief Description of Goods/Services/Grant: Consultation and training workshops for providers of ACT services.

PART II: JUSTIFICATION FOR VENDOR SELECTION

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

Table with 2 columns of justification options. Column 1: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project. Column 2: G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, L. Other Authorization. Checkmarks are present for B, C, and F.

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 the provision of consultation services and training workshops for a series of "Fostering a Culture of Employment" workshops to be delivered to Maine community support, residential, and ACT providers.

The purpose of this Amendment is to add the funding necessary for the provider to travel to Maine to conduct fidelity reviews. Travel was originally a part of this service and was removed during COVID. OBH has approved adding travel back into the contract.

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

The subject matter of the trainings has not been identified as a resource that other providers/vendors offer, nor the Department. The Vendor is providing consultation and training workshops to providers of ACT services to enhance the culture of work with consumers. This is a skilled area of expertise that has not been identified with other providers/vendors. Returning these consumers to work is a goal of the Department.

The Department does not have staff that have been trained to complete ACT program Fidelity Reviews for this evidence-based practice nor does that Department have staff who can provide this training.

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 Department does not intend to competitively procure this service.

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

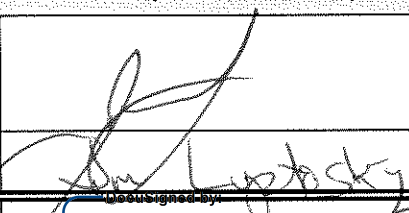

Does this request utilize ARPA/MJRP funds?

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):			Date:	15 - May - 23
Signature of DAFS Procurement Official:				
Typed Name:	Kathy Paquette	41C2BA36FAF44CD...	Date:	6/14/2023