

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OADS/Neuropsychological Clinical Assessments and Consultation Services	
Department Contract Administrator or Grant Coordinator:		Nancy Tan & Lisa Munster	
(If applicable) Department Reference #:		ADS-21-9750	
Estimated Contract or Grant Amount:	\$10,000.00	Advantage CT / RQS #:	10A 20200424*2988
CONTRACT	Proposed Start Date:	07/01/2020	Proposed End Date: 06/30/2021
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Jason Merrin Mirror Lake, New Hampshire	
Brief Description of Goods/Services/Grant:		Specialized Direct Services – Neuropsychological Clinical Assessments and Consultation Services	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.

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1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.

The Department determines eligibility for persons who are alleged to have an Acquired Brain Injury to receive services from Brain Injury Services. The Department is mandated within its resources to provide services and programs for persons with Acquired Brain Injury to assist, educate, and rehabilitate the person with ABI to attain and sustain the highest function and self-sufficiency possible (22 M.R.S.A. § 3088).

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

DHHS, Office of Aging and Disability Services has determined that this provider is willing and qualified to provide these services, and has the expertise to serve persons with acquired brain injury. This provider has experience in providing neuro-psychological evaluations/assessments and this service is a necessary component of determinations of eligibility for Brain Injury Services.

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

The rate charged by the Provider is considered fair and reasonable based on comparison with the rates commonly charged by qualified Providers for similar services. The rates are based on region and compared to other Psychologists in the area.

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

The Department does not intent to RFP this willing & qualified 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:	<i>[Signature]</i>	Date:	<i>24-Jan-20</i>
Signature of DAFS Procurement Official:	<i>[Signature]</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	7/7/2020