

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:		Maine CDC / Disease Prevention and Control		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patti Wall		
(If applicable) Department Reference #:		CD0-21-4469		
Amount: (Contract/Amendment/Grant)	\$ 531,980.00	Advantage CT / RQS #:	CT 10A 20200612*3890	
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date:	6/30/2021
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:		National Alliance on Mental Illness – Maine Chapter (NAMI – Maine) Hallowell, ME 04347		
Brief Description of Goods/Services/Grant:		Suicide Prevention Training and Education		

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:
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 to reduce suicide and suicide attempts among Maine people across the lifespan by preparing various professional groups through training and education to recognize and respond effectively to suicidal behavior. The Provider shall plan, develop, manage, conduct, and evaluate the impact of suicide prevention training and education programs and provide capacity building for schools, community programs and organizations on suicide-prevention policies and protocols. Additional funding from Governor's Budget Initiative on Substance Use Prevention.

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PART III: SUPPLEMENTAL INFORMATION

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

This Provider has developed materials, relationships and engaged schools, community programs and organizations providing suicide prevention training and education programs and providing capacity building for on suicide-prevention policies and protocols. Those relationships with the community partners have enabled the Department to provide a quality message and expand the delivery of the message to decrease the number of suicides in the State of Maine.

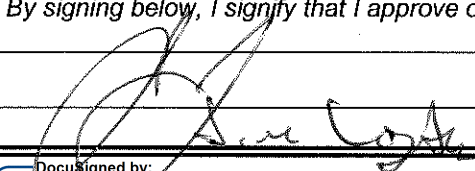
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The costs for this agreement are based upon past costs with this Provider for these services under RFP 201503052. Those costs have remained consistent since the contract was awarded.

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

The Department intends to competitively procure these services with a 7/1/2021 contract start date.

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: 25 Jan 20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Laurie Andre</i>		
Printed Name:	<small>A1DAAF018CF4EFC</small> Laurie Andre	Date:	7/6/2020