

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/Jennifer Levesque	
(If applicable) Department Reference #:		CD0-21-4465	
Amount: (Contract/Amendment/Grant)	\$18,400.00	Advantage CT / RQS #:	CT 10A 20201125000000001629
CONTRACT	Proposed Start Date:	6/01/21	Proposed End Date: 11/30/2021
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:		University of Maine System, Augusta, ME	
Brief Description of Goods/Services/Grant:		Youth Suicide Prevention	

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 implement an Evidence-based Suicide prevention programming for young adults ages seventeen to twenty-four (17-24) and to support training and technical assistance on evidence-based interventions to reduce suicide risk among youth and young adults. The goal of providing these services is to reduce Suicide deaths, Suicide attempts, and serious Suicidal ideation in young adults at increased risk, and to promote educational attainment as a protective factor. Evidence-based approaches reduce the risk of Suicide for young adults by increasing recognition among educators and staff of suicide risk warning signs; establishing early intervention and caring connections with young adults at risk; and ensuring safety planning, referrals to appropriate treatment resources, ongoing follow-up and support, and care coordination.

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

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

The University of Maine Augusta is uniquely positioned to serve young adults at increased risk of suicide and/or educational disruption. The campus serves large numbers of first-generation, low-income, and non-traditional students, including students who are veterans or who combine education with work and family responsibilities. These students are more likely to experience life events that increase their risk of suicide and jeopardize their ability to complete their education. Additionally, University of Maine Augusta serves students at nine (9) regional centers across the state and can thus reach a wide geographical representation of students with suicide prevention interventions.

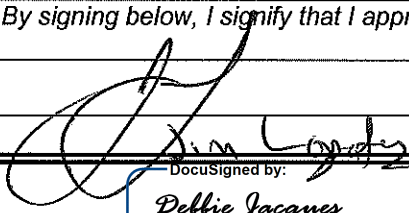
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The amount of the agreement is set by the grant level at 5% of the total for services provided by a higher education service as indicated in the original funding opportunity announcement.

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

The Department will RFP these services with a new agreement start date of 12/1/2021.

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: 17-Jun-21
Signature of DAFS Procurement Official:	DocuSigned by: <i>Debbie Jacques</i>		
Printed Name:	1DFA565D481F42E... Debbie Jacques	Date:	7/12/2021