



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			
Department Office/Division/Program:		DHHS/OCFS	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stacy Martin	
(If applicable) Department Reference #:		CBH-21-4006B	
Amount: (Contract/Amendment/Grant)	Original: \$ 308,556.00 Amend B: \$ 38,569.50 Revised: \$ 331,125.50	Advantage CT / RQS #:	10A 20200601000000003620
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	7/1/2020 / 7/1/2022
	Previous End Date:	New End Date:	6/30/2022 / 9/30/2022
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Autism Society of Maine Winthrop, ME	
Brief Description of Goods/Services/Grant:		Family Support	

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

PART III: SUPPLEMENTAL INFORMATION

ASM exists to promote lifelong access and opportunity for all individuals on the autism spectrum to become participating members of their communities. Education, advocacy, support, and public awareness form the cornerstones of the Autism Society of Maine's efforts to carry forth their mission.

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

Services have been provided by the Autism Society of Maine (ASM) within reasonable costs of operation and creative methods to match federal funds through non-federal dollars. The agency supports its work through other funding sources, including highly visible and cost-effective private fundraising activities such as Autism Awareness Month, the Walk for Autism, and the Annual Ride for Autism, Break the Cycle events, among others. ASM relies on donations and fundraisers to help cover the cost of its programs and activities that bring awareness and community to individuals affected by Autism Spectrum Disorders (ASD).

This amendment adds funds that would have been allocated to the first three (3) months of the contract resulting from the current RFP for this service.

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

The Department is in the process of RFP #T2020048 for this service, with a resulting contract start date of 10/1/2022.

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


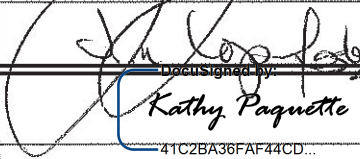
Does this request utilize ARPA/MJRP funds?

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:	28-June-22
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	7/20/2022
Typed Name:	Kathy Paquette		Date:	