

**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/OADS/Brain Injury/Derek Fales/Tanya Perkins			
Department Contract Administrator or Grant Coordinator:		CM / Melinda Farrell			
(If applicable) Department Reference #:		ADS-22-9711B			
Amount: (Contract/Amendment/Grant)	Original:	\$ 512,008.00	Advantage CT / RQS #:	CT 10A	
	Amend B:	\$ 52,222.00		20210929000000000883	
	Revised:	\$ 564,320.00			
CONTRACT	Proposed Start Date:		Proposed End Date:		
AMENDMENT	Original Start Date:	10/1/2021	Effective Date:	5/9/2023	
	Previous End Date:	7/31/2023	New End Date:	7/31/2023	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		Brain Injury Association of America Vienna, VA			
Brief Description of Goods/Services/Grant:		Support and services provided to persons affected by Traumatic Brain Injury and Acquired Brain Injury			

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 checked="" type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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

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.

This contract is to enhance delivery of services and supports to persons affected by acquired and traumatic brain injury with co-occurring substance use disorder (SUD) through the Traumatic Brain Injury (TBI) State Demonstration Grant Program (90TBSG0065-01) from the Administration for Community Living.

The goal is to strengthen Maine's system of services and supports to maximize the independence, well-being, and health of persons with TBI, focused on the critically underserved individuals with co-occurring TBI/SUD. The purpose of this Agreement is for the Maine Office of Aging and Disability Services (OADS) in partnership with the Brain Injury Association of America's Maine Chapter (BIAA-ME) and key stakeholders, to build upon the successes and lessons learned from OADS' current ACLTBI State Partnership Program (SPP) grant in this five-year project. Goal #1 of this project is to strengthen and enhance Maine's system of services and supports to maximize the independence, well-being and health of persons with TBI. Goal #2 is to strengthen TBI systems of services and supports for three underserved populations identified as top priorities in the grant proposal statement of need.

The Purpose of this amendment is to add carryover funds from the Administration for Community Living grant.

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

The Brain Injury Association of America is a national organization established specifically to work with individuals who have brain injuries and their family members. The Brain Injury Association of America has a developed a model of services and supports that is unique to brain injury advocacy and infrastructure development. Funding is received through the Traumatic Brain Injury (TBI) State Demonstration Grant Program (90TBSG0065-01) from the Administration for Community Living.

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

The costs and rates are the amounts in the approved federal grant budgets and the Department considers them fair and reasonable.

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

The Department does not intend to issue an RFP for this service.

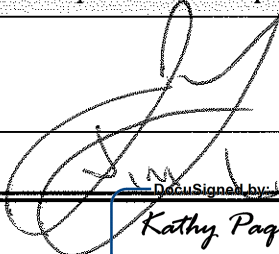
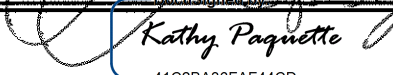
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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):			
Typed Name:	[Signature]	Date:	12-20-23
Signature of DAFS Procurement Official:			
Typed Name:	kathy Paquette	Date:	7/26/2023