

**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	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell	
(If applicable) Department Reference #:		ADS-24-9921	
Amount: (Contract/Amendment/Grant)		\$266,500.00	Advantage CT / RQS #: CT 10A 20240328000000002657
CONTRACT	Proposed Start Date:	4/1/2024	Proposed End Date: 6/30/2025
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:		NAMI Maine Inc Hallowell, ME	
Brief Description of Goods/Services/Grant:		Training for family caregivers of members who have recurring physical disabilities and mental health concerns.	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input 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

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.

NAMI Maine will deliver two national best-practice education programs: Mental Health First Aid (MHFA) and Family to Family(F2F) targeted to family members supporting adults living with co-occurring physical disabilities (Section 19 participants) and mental health need. Trainings are designed to support non-professionals and family members in the role of supporting people living with significant mental health needs and to provide educational content and support for the roles that families already provide to their loved one’s daily ongoing social connection, support for independent living and monitoring of their functioning.

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

NAMI, Maine Inc. is the only entity that offers evidence-based training to support the education and support needs of family members of loved ones receiving Section 19 services for adults with significant physical disabilities. These education programs will be targeted to those family members and caregivers who support adults living with co-occurring physical disabilities and mental health needs, specifically where the mental health needs present a challenge or barrier to family member support. Due to NAMIs vast experience in supporting individuals with mental illness, they were specifically identified in Maine’s Federal 9817 grant available to states to expand and improve on home and community-based services.

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

The cost is considered fair and reasonable, based on analysis of the scope of work when compared to similar Department approved Provider budgets.

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

The Department does not intend to competitively bid this service.

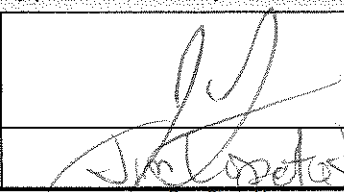

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	<i>J. Lapetosh</i>	Date:	1-Jul-24
Signature of DAFS Procurement Official:	 <small>Deauthorized by:</small> <i>Kathy Paquette</i> <small>41C2BA36FAF44GD...</small>		
Typed Name:	Kathy Paquette	Date:	7/12/2024