

## State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DCM/Arlene Jones/Nancy Tan		
Department Contract Administrator or Grant Coordinator:	DHHS/SAMHS/Jessica Gerrish		
(If applicable) Department Reference #:	MH4-21-212		
Estimated Contract or Grant Amount:	\$ 73,250.00	Advantage CT / RQS #:	10A 20200327*2691
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:	7/1/2020	Proposed End Date: 6/30/2021
Vendor/Provider/Grantee Name, City, State:	Case Western Reserve University Cleveland, OH		
Brief Description of Goods/Services/Grant:	ACT Consultation		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	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 QUESTIONS
Please respond to ALL of the following questions.
<b>1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.</b>
<p>The vendor is providing fidelity reviews of ACT teams as well as consultation to DHHS staff to complete fidelity reviews. ACT services are an Evidence Based Practice and as such, programs should be reviewed to fidelity standards to promote optimal outcomes and efficient use of state funding.</p> <p>Provider will continue to provide guidance and support regarding statewide utilization of the evidence-based ACT model of treatment via remote and direct collaboration and training to ACT Teams and State staff.</p>

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### PART III: SUPPLEMENTAL QUESTIONS

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

The Vendor has provided training and consultation services for the Department. This vendor is a Center for Evidence Based Practices that provides these services nationally and internationally and is unique in that they are the only vendor we can find that provides training using the SAMHSA evidence-based practice ACT fidelity toolkit.

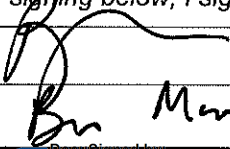
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

SAMHS had negotiated the cost of this service with the provider and has been consistent with prior year.

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

The Department does not intend to RFP these services.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
<b>Printed Name:</b>	Ben Mann	<b>Date:</b>	4/16/20
<b>Signature of DAFS Procurement Official:</b>	<i>Kathy Paquette</i>		
<b>Printed Name:</b>	Kathy Paquette	<b>Date:</b>	8/18/2020