

## 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 / Kristen King   |                      |
| (If applicable) Department Reference #:                 |  | CD0-21-4469A  |                      |
| Amount:<br>(Contract/Amendment/Grant)                   | Orig: \$ 531,980.00<br>Amend: \$ 94,245.00<br>Revised: \$ 626,225.00 | Advantage CT / RQS #:   | CT 10A 20200612*3890 |
| CONTRACT  | Proposed Start Date:   |   | Proposed End Date:   |
| AMENDMENT   | Original Start Date:   | 7/1/2020  | Effective Date:      |
|   | Previous End Date:   | 6/30/2021   | New End Date:        |
| GRANT   | Project Start Date:  |   | Grant Start Date:    |
|   | Project End Date:  |   | Grant End Date:      |
| Vendor/Provider/Grantee Name, City, State:              |  | National Alliance on Mental Illness – Maine Chapter (NAMI – Maine)<br>Hallowell, ME 04347 |                      |
| Brief Description of Goods/Services/Grant:              |  | Suicide Prevention Training and Education   |                      |

### 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>X</b> | B. Amendment                      |  | H. State Statute/Agency Directed      |
| <b>X</b> | 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 – RFP Extended |

### 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.**

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### PART III: SUPPLEMENTAL INFORMATION

The purpose of this Agreement is to reduce suicide and suicide attempts among Maine people across the lifespan by preparing various professional groups through training and education to recognize and respond effectively to suicidal behavior. The Provider shall plan, develop, manage, conduct, and evaluate the impact of suicide prevention training and education programs and provide capacity building for schools, community programs and organizations on suicide-prevention policies and protocols. Additional funding from Governor's Budget Initiative on Substance Use Prevention.

The purpose of this amendment is to extend the agreement to complete the RFP process for a new contract to start 10/1/2021.

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

This Provider has developed materials, relationships and engaged schools, community programs and organizations providing suicide prevention training and education programs and providing capacity building for on suicide-prevention policies and protocols. Those relationships with the community partners have enabled the Department to provide a quality message and expand the delivery of the message to decrease the number of suicides in the State of Maine.

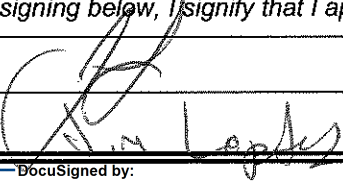
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The costs for this agreement are based upon past costs with this Provider for these services under RFP 201503052. Those costs have remained consistent since the contract was awarded.

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

The Department is finalizing an RFP to procure these services with a 10/1/2021 contract start date.

### 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>  |  | <b>Date:</b> | 12-24-21  |
| <b>Signature of DAFS Procurement Official:</b>                          | <small>DocuSigned by:</small><br><i>Kathy Paquette</i>                              |              |           |
| <b>Printed Name:</b>  | <small>41C2BA36FAF44CD..</small><br>Kathy Paquette                                  | <b>Date:</b> | 8/24/2021 |