



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

Table with 4 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, CT 10A, Proposed Start Date, Proposed End Date, Original Start Date, Effective Date, Previous End Date, New End Date, Project Start Date, Grant Start Date, Project End Date, Grant End Date, Vendor/Provider/Grantee Name, City, State, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

Table with 4 columns: Justification options A through L, each with a checkbox.

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.

The services provided in this contract aids in meeting the statutory requirement that OUI (Operating Under the Influence) offenders must complete which is a preliminary assessment to screen for those individuals who need further intervention (evaluation and/or treatment services). The NEEDS is the standardized assessment instrument for use with adult offenders, and the Juvenile Automated Substance Abuse Evaluation (JASAE) is the standardized assessment instrument for use with offenders under 21 years of age. These services assist in protecting and maintaining the public safety of the citizens of Maine.

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

This provider has the unique capability to meet the needs of DEEP to carry out the specific requirements for preliminary assessment of OUI offenders set forth in statute. The Provider offers tested and proven standardized instruments that are essential tools in providing a quality assessment process and efficient gathering of client data. These are the only instruments available nationally that collect standard data on the client population, incorporate multiple surveys for outcome or follow-up measures, and generate scored reports. The Provider offers discrete instruments for both the adult and juvenile populations.

The Provider currently provides a distinct service for the DEEP programs that aids in meeting the statutory criterion for assessing OUI offenders.

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

From surveying available standardized assessment instruments nationally for this population and market in 2009, it is evident that ADE currently offers the most comprehensive services for the least cost per instrument. All costs for software, data collection, and report generating are covered in the "per-instrument" fee.

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

The Department does not intend to RFP 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.

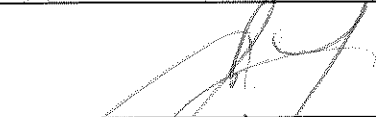

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lipatov	Date:	5-Aug-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	8/14/2024