



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.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Leticia Huttman & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Patricia Wall	
(If applicable) Department Reference #:		MH4-24-212	
Amount: (Contract/Amendment/Grant)	\$ 151,112.00	Advantage CT / RQS #:	CT 10A 20240516000000003266
CONTRACT	Proposed Start Date:	4/1/2024	Proposed End Date: 3/31/2026
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:		Case Western Reserve University Cleveland OH	
Brief Description of Goods/Services/Grant:		Consultation and training workshops for providers of ACT services.	

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.

The purpose of this Agreement is for the provision of consultation services and training workshops for a series of "Fostering a Culture of Employment" workshops to be delivered to Maine community support, residential, and ACT providers.

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

The Vendor is providing consultation and training workshops to providers of ACT services to enhance the culture of work with consumers. This is a skilled area of expertise that has not been identified with other providers/vendors. Returning these consumers to work is a goal of the Department.

The Department does not have staff that have been trained to complete ACT program Fidelity Reviews for this evidence-based practice nor does that Department have staff who can provide this training.

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

The rates were reviewed and accepted based on previous rates paid for similar consultation and training services.

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

The subject matter of the training has not been identified as a resource that other providers/vendors offer, nor the Department. 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.


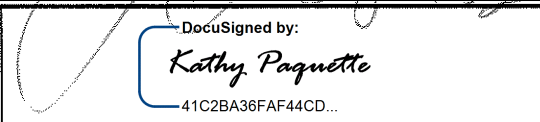
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	6 - Jun - 24
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> <i>Kathy Paquette</i> <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	8/14/2024