



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/ OBH/Adrienne Le/ Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Stacy Martin	
(If applicable) Department Reference #:		OSA-24-NR123	
Amount: (Contract/Amendment/Grant)	\$ 7,500.00	Advantage CT / RQS #:	RQS 10A 20240520*1655
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 6/30/2024
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:		NASMDH Research Institute Falls Church, VA	
Brief Description of Goods/Services/Grant:		Data collection and analysis	

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.

This is an annual State Behavioral Health Agency Profiles Project. NRI is a national organization resource to provide leadership and support in the areas of analysis, evaluation, and research, NRI facilitates the application of research findings to management of state mental health programs.

The NRI is designed to compile data and conduct research activities on various aspects of state mental health system financing, staffing, clinical services, and interactions with other public service systems.

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

NRI is the only national organization working directly with State Mental Health Agencies (SMHAs) to identify their comparative information needs. NRI also works with the Federal government, and other entities to define, collect, and analyze data, including behavioral health crisis response, community-based services, inpatient hospitalization, financing, and outpatient care. NRI's staff are subject-matter experts who conduct quantitative and qualitative research, evaluating data at the national, state, and regional levels to help states plan, budget, and evaluate the delivery of their services.

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

The costs stated are the fees/dues specific to the identified entity and are set by each entity.

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

The State renews this membership annually.

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).


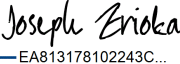
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	Ben Mann	Date:	6/25/24
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	8/27/2024