



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OADS/Brain Injury		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell		
(If applicable) Department Reference #:		ADS-25-9775A		
Amount: (Contract/Amendment/Grant)		Original: \$67,000.00 Amend A: \$49,680.00 Revised: \$116,680.00	Advantage CT / RQS #:	CT 10A 20241227000ADS259775
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	4/1/2025	Effective Date:	4/1/2025
	Previous End Date:	3/31/2027	New End Date:	No change
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		NASHIA Aldie, Virginia		
Brief Description of Goods/Services/Grant:		Access to NASHIA's Online Brain Injury Screening and Support System (OBISSS)		

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 checked="" 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 amendment is to add work needed from the previous contract year to align with the approved carryover funds from the previous year's funding from the federal Health and Human Services, TBI Grant. The Department submitted a written request to carry over the balance of unobligated federal funds for the Department's Traumatic Brain Injury State Partnership Program from Year 4 to year 5 of the grant. The Department was unable to complete the deliverables outlined in the previous work plan in partnership with the National Association of State Head Injury Administrators. The Department outlined a proposed work plan for the use of those carry over funds which was approved by the Administration for Community Living. The approved carryover funds and additional deliverables are required to ensure the provider can complete the work plan deliverables as outlined within this contract.

This Agreement is to provide access to the Online Brain Injury Screening and Support System (OBISSS) screening tool and helpline. The OBISSS utilizes an online version of the Ohio State University Traumatic Brain Injury-Identification Method (+ Acquired Brain Injury) and the Symptom Questionnaire on Brain Injury to help identify a history of both traumatic and non-traumatic brain injury. If a positive result is returned, OBISSS identifies related challenges and shares strategies, provides a linkage to NeuroResource Facilitation, and the results contribute to a national dataset.

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

The National Association of State Head Injury Administrators is the only association dedicated to support the mission and vision of state brain injury programs and is the only vendor to offer the nationally recognized evidence based TBI screening tool, the Ohio State University Traumatic Brain Injury Identified Method. The use of a screening tool is a deliverable of the State's traumatic brain injury state partnership grant.

This Provider is a specified grant provider.

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

This vendor is the sole vendor to offer an online evidence base screening tool for traumatic brain injury. The negotiated costs are comparable to other national associations delivering services. The costs are used as a State match for the State's Traumatic Brain Injury State Partnership grant.

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

The OBISSS is the only online, evidenced based tool in the United States and the Department does not intend to RFP these services.

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.

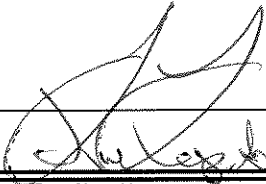
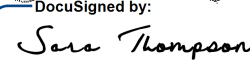
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:		Date:	9-21-25
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Sara Thompson	Date:	04 August 2025