



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/Leticia Huttman & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Melinda Farrell	
(If applicable) Department Reference #:		OSA-25-428	
Amount: (Contract/Amendment/Grant)	\$958,468.00	Advantage CT / RQS #:	CT 10A 20240401000000002690
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:		Adcare Educational Institute of Maine Augusta, Maine	
Brief Description of Goods/Services/Grant:		Workforce Development Services	

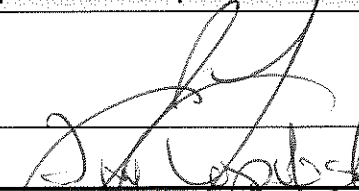
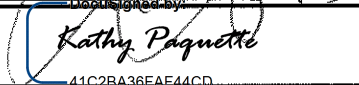
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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 services under this agreement provide workforce development for substance abuse and mental health services, intervention, treatment, and recovery providers to maintain a well-trained and credentialed professional and paraprofessional workforce. This agreement covers the administration, training, and technical assistance for four (4) mental health certification programs: MHRT-1, MHRT/C, MHRT/CSP, and CIPSS.
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	The Provider was awarded previous contracts as a result RFP: 201301460. This contract is being renewed for 1 year while Statewide learning Management systems are being vetted through the RFP process. The Statewide Learning Management system will significantly impact the scope of work with this service.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	The funding for the various elements in the table of expenses has been thoroughly vetted through the vendor, OBH program manager and the two sub-recipients and reflects a small increase over the previous year. Workforce shortages in Maine necessitate this increase in resources to address this need.
4.	Describe the plan for future competition for the goods or services.
	This service is on the RFP schedule (OBH20213) for a 7/1/2025 contract start date.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:	David Lapadula	Date:	20-Sep-24
Signature of DAFS Procurement Official:	 <small>41C2BA36EAE44CD</small>		
Typed Name:	Kathy Paquette	Date:	9/30/2024