



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:		MCDCP/Substance Use Prevention and Control		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:		CD0-22-4522B		
Amount: (Contract/Amendment/Grant)	Original: Amend: Revised:	\$115,000.00 \$23,000.00 \$138,000.00	Advantage CT / RQS #:	CT-10A- 20210622000000003765
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	07/01/2021	Effective Date:	10/01/2022
	Previous End Date:	09/30/2022	New End Date:	12/31/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		AdCare Educational Institute of Maine. Inc. Augusta, ME		
Brief Description of Goods/Services/Grant:		Gambling Prevention		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 checked="" type="checkbox"/>	L. Other Authorization – RFP Extended

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 Department is responsible for protecting the public health of Maine citizens and accomplishes this through providing prevention, intervention, treatment, and recovery services related to conditions that may be harmful to a person's health and well-being, such as problem gambling.

The purpose of this Agreement is to engage the Provider on the terms and conditions in this Agreement to provide, or cause to be provided, services that increase awareness of and educate Maine residents and providers about responsible gambling and problem gambling, as well as the resources available for those individuals for whom gambling is a problem.

The purpose of this amendment is to extend this contract by three (3) months to avoid a gap in services while the RFP process is finalized.

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

Through RFP 201701007, an Evaluation Team reviewed the Bidders Qualifications and Experience, Proposed Services, and Cost Proposal in awarding the contract to the only provider to submit a proposal. The final renewal from this RFP ends 9/30/2022.

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

The costs and rates of this vendor were considered fair and reasonable and the best value for the Department.

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

The Department will competitively procure these services (MCDCP20219) with a 1/1/2023 contract start date.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

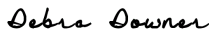

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  <small>5DC6307B8558482</small>		
Typed Name:	Debra Downer, Deputy Director DHHS Contract Management	Date:	Sep-08-2022
Signature of DAFS Procurement Official:	DocuSigned by:  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	10/17/2022