



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.

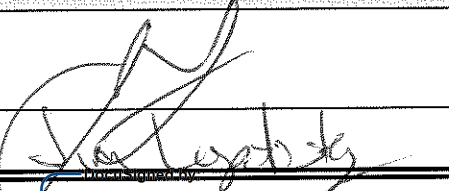
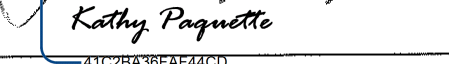
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OADS/Brain Injury		
Department Contract Administrator or Grant Coordinator:		CM / Melinda Farrell		
(If applicable) Department Reference #:		ADS-23-9775A		
Amount: (Contract/Amendment/Grant)	Original: \$ 102,190.00 Amend: \$ 5,750.00 Revised: \$ 107,940.00	Advantage CT / RQS #:	CT 10A 2023032000000002359	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	04/01/2023	Effective Date:	04/01/2023
	Previous End Date:	03/31/2025	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		NASHIA Aldie, Virginia (Payment: Alabaster, Alabama)		
Brief Description of Goods/Services/Grant:		Training and access to NASHIA's Online Brain Injury Screening and Support System (OBISSS)		

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 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.	<p>The purpose of this Amendment is to update the Payment Rider to align with the actual services in Rider A. The original contract's Payment Rider entry for 'Help Desk hours - Year One' was incorrectly listed and differed from the Rider A for these services. The Rider A on the original contract shows the correct services, so this amendment is to fix that error on the Payment Rider.</p> <p>This Agreement is to provide access to training and the Online Brain Injury Screening and Support System (OBISSS) screening tool. 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.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>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.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>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.</p>
4. Describe the plan for future competition for the goods or services.	<p>The OBISSS is the only online, evidenced based tool in the United States and the Department does not intend to RFP these services.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			Date: 4-Oct-23
Typed Name:	Kathy Paquette		
Signature of DAFS Procurement Official:			Date: 10/23/2023
Typed Name:	Kathy Paquette		