



**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/ID/DD/ASD		
Department Contract Administrator or Grant Coordinator:		Althea Harris/ Stacy Martin		
(If applicable) Department Reference #:		ADS-24-9850		
Amount: (Contract/Amendment/Grant)	\$100,000.00	Advantage CT / RQS #:	CT 10A 20230816*371	
CONTRACT	Proposed Start Date:	09/01/2023	Proposed End Date:	3/31/2024
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:		National Association of State Directors of Developmental Disabilities Services (NASDDDS) Alexandria, Virginia		
Brief Description of Goods/Services/Grant:		Consultation and Technical Assistance		

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.

NASDDDS will provide tailored technical assistance to OADS and prospective Certified Community Behavioral Health Clinics (CCBHCs) in the planning, development, and implementation of workflows and evidence-based practices to support people living with behavioral health conditions and co-occurring intellectual disability (ID) and Autism Spectrum Disorder (ASD). This includes meeting monthly with the OADS CCBHC Team and supporting the development and advising on the implementation of a quality improvement project to design a competent and responsive workflow to support people with co-occurring behavioral health conditions and ID and ASD.

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 Directors of Developmental Disabilities Services (NASDDDS) promotes and assists state agencies in developing effective, efficient service delivery systems that furnish high-quality supports to people with intellectual and developmental disabilities.

NASDDDS was named in the CCBHC Planning Grant Narrative and Budget managed by the Office of MaineCare Services: CFDA # 93.829, Grant 23SM87617A.

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

Hourly rates are comparable to similar services. Budget submitted by provider was reviewed and determined to be reasonable for these services.

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

This is a one-time service named in the Grant, so no RFP is expected.

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


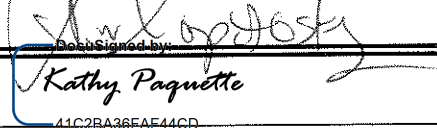
Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:	<i>[Signature]</i>	Date:	3-Oct-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/26/2023