



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/CBHS	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Debbie Weston	
(If applicable) Department Reference #:		CBH-25-1500	
Amount: (Contract/Amendment/Grant)		\$ 503,610.00	Advantage CT / RQS #: CT 10A 20240614*CBH251500
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2026
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:		Triple P America Inc. Columbia, South Carolina	
Brief Description of Goods/Services/Grant:		Triple P: Levels 2, 3, 4, and 5 trainings and accreditation.	

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.

Triple P (Positive Parenting Program) is an evidence-based parenting program with more than forty (40) years of ongoing research. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior, and prevent developmental problems. Triple P is used in more than thirty (30) countries and has been shown to work across cultures, socio-economic groups, and in many kinds of family structures. This contract will enable CBHS to improve access to effective multi-tiered treatment and parenting support for children and their caregivers. It will increase the pool of accredited Triple P practitioners in Maine as demand for this type of service remains strong. Access and support for Triple P Online, which is a parent self-directed evidence-based online version of Triple P Level 4, will continue.

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

Triple P America has proprietary rights and owns the products; therefore, they are the only ones who can train and provide these accreditations and allow access to Triple P Online. They employ trainers across the United States and in other countries. There will be no travel costs as the training sessions will all be virtual.

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

These interventions are well-researched, and evidence based. They are offered by Triple P America only, and they determine rates for Level 2 through Level 5 interventions. Costs are current for 2025.

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

The Department does not plan to RFP for this service.

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.


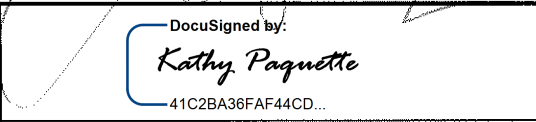
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	<i>Jim Lapostolle</i>	Date:	<i>20-Aug-24</i>
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/17/2024