



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS//OBH Lionel Booth Eliza Fielding		
Department Contract Administrator or Grant Coordinator:		Brienne Carrero / Emily Clifton		
(If applicable) Department Reference #:		MH4-26-203		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 202509080000MH426203	
Amount: (Contract/Amendment/Grant)		\$291,014.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		NAMI Maine, Inc Augusta, Maine 04330		
Brief Description of Goods/Services/Grant:		Public Education, Information and Referral, Family and Peer Support		

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. Higher Education 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 purpose of this Agreement is to provide a Community Behavioral Health Education, Information, Referral and Support Program. The program provides learning opportunities regarding mental health related topics for family members, individuals with mental illness, service providers, and the public. These services include:

- Crisis Intervention Training (CIT) for law enforcement personnel: training to effectively manage situations involving an individual experiencing a mental health crisis;
- Information and referral to provide access and education to families and individuals regarding mental health services in the State; and
- Family and Peer Support Services to bolster community mental health services by training volunteers as facilitators to run local support groups.

The program intends to improve access to community behavioral health services and supports as well as to decrease societal stigma that surrounds people with behavioral health needs.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

NAMI, Maine Inc. is the only entity that offers evidence-based training that meets the needs for this program including CIT and NAMI Family to Family. There is no entity in the State of Maine that offers Peer and Family Support Group facilitation training. This entity is in a unique position to provide public education, information, and referral services because they have access to numerous proprietary resources developed by the national NAMI which are only available to state affiliates.

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

The rates for the mental health training are consistent with the previous Agreement.

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

The Department does not intend to competitively procure 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.

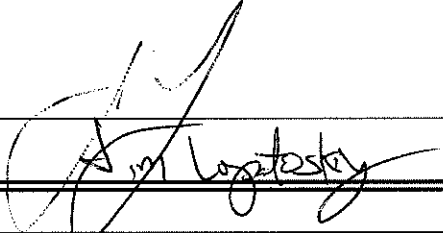
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:			

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/20/2025