



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/OCFS- Marianne Livingstone	
Department Contract Administrator or Grant Coordinator:		Lora Blackwell / Chris Moiles	
(If applicable) Department, Reference #:		CBH-22-9100	
Amount: (Contract/Amendment/Grant)	\$ 100,500.00	Advantage CT / RQS #:	CT 10A 2022042600000002624
CONTRACT	Proposed Start Date:	01/01/2022	Proposed End Date: 12/31/2022
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:		Connecticut Children's Medical Center Hartford, CT	
Brief Description of Goods/Services/Grant:		Consultation, Research, and Training	

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 checked="" 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.

Help Me Grow™ (HMG) is a System Model that is designed to address the need for early identification and linkage to development and behavioral services and supports for children and their families. The HMG System Model is built on four (4) Core Components, including a Centralized Access Point which assists families and professionals in connecting children to appropriate community-based programs and services, Family and Community Outreach, Child Health Care Provider Outreach, and Data Collection and Analysis. In addition, three (3) structural requirements provide the foundation for building and managing an effective HMG system over time, by facilitating the organization of an organizing entity, developing a strategy for expansion, and developing a continuous quality improvement plan.

The Help Me Grow™ (HMG) National Center is a program of the Office for Community Child Health, located within the Connecticut Children's Medical Center in Hartford, CT. The HMG National Center serves as a resource to support the implementation of HMG Systems throughout the country, by providing technical assistance to designated states on the replication of the HMG System Model.

The Provider shall provide technical assistance intended to guide HMG implementation of the Model's Core Components and Structural Requirements with a goal of achieving fidelity to the HMG national and promote advancement through the HMG Continuum of Affiliation.

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

Help Me Grow™ is a System Model with a registered trademark, and the HMG National Center is the only technical assistance center providing this service which is based upon the model's concept and origination. As such, the HMG National Center is the sole source for technical assistance regarding Help Me Grow™ replication activities.

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

Costs were compared to other agreements providing similar services for OCFS who deemed the projected costs for providing this service as fair and reasonable.

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

The Department does not intend to RFP as this is a one-time need.

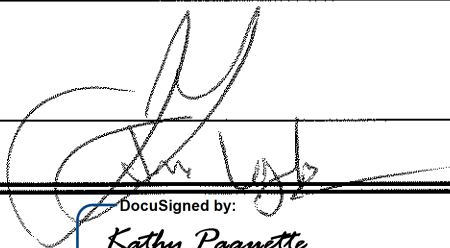
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:		Date:	11/8/2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Typed Name:	41C2BA36FAF44CD Kathy Paquette	Date:	11/8/2022