



**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.*

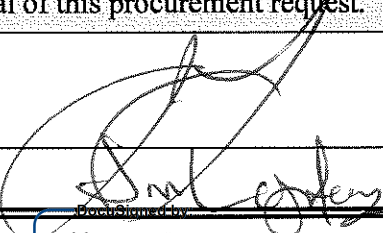

PART I: OVERVIEW				
Department Office/Division/Program:		Department of Health and Human Services – OBH Kelly Staples    Theresa Witham		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Melinda Farrell		
(If applicable) Department Reference #:		MH4-23-4028		
Amount: (Contract/Amendment/Grant)		\$30,300.00	Advantage CT / RQS #:	CT-10A- 20220824000000000583
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	6/30/2023
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:		Western Massachusetts Training Consortium Holyoke, MA		
Brief Description of Goods/Services/Grant:		Training for Certified Intentional Peer Support Specialists		

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 Agreement is to provide training services for the State of Maine's Certified Intentional Peer Support Specialist program (CIPSS). CIPSS is the only training and certification program for Peer Support Specialists available to Maine residents.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Certified Intentional Peer Support Program (CIPSS) training provides a formal structured certification process which provides consistency and ongoing training for Peer Support Specialists. To maintain the quality care for Mental Health Consumers, staff are required to be CIPSS certified. This vendor offers trainings to fulfill a need to expand the quantity and variety of trainings that are available to CIPSS who are in the process of becoming certified or would like to maintain certification.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The cost was determined through a strict timeline of deliverables and is based on a cost per training. Trainings and the follow up discussion will be provided at the rates outlined in Rider B.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to RFP this service. The vendor has proprietary rights to the trainings.</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:	24 - Oct 22
Signature of DAFS Procurement Official:		Date:	11/28/2022
Typed Name:	Kathy Paquette	Date:	11/28/2022