



### 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 / Lyndsay Frank	
(If applicable) Department Reference #:		CBH-25-7003	
Amount: (Contract/Amendment/Grant)	\$ 151,260.00	Advantage CT / RQS #:	CT-10A-20240910000CBH257003
<b>CONTRACT</b>	Proposed Start Date:	<b>10/1/2024</b>	Proposed End Date: <b>9/30/2025</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Youth MOVE National Milwaukee, WI	
Brief Description of Goods/Services/Grant:		Your Peer Support Curricula: Train-the-Trainer	

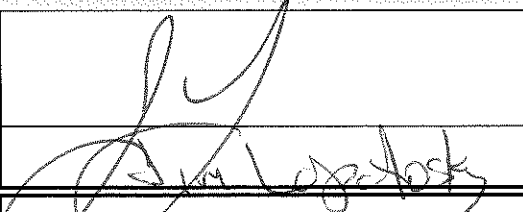

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1.	Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
	DHHS/CBHS is charged with approval of curricula for Youth Peer Support in Maine, including Youth Peer Support providers within Behavioral Health Homes and other MaineCare billable services. Youth MOVE National is the only entity that has a national curriculum for Youth Peer Support, Peer Connect. The CBHS Youth Peer Support contract is currently utilizing Peer Connect. Maine intends to continue providing the Peer Connect training to Maine's Youth Peer Support providers statewide through in-State trainers at the Center of Excellence (COE). The COE is actively hiring staff to complete the Train-the-Trainer training for both Youth Peer Support Staff and Youth Peer Support Supervisors and, in turn, will provide statewide training utilizing this curriculum.
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	Youth MOVE National is a national expert in Youth Peer Support who works with any state who requests to develop a sustainable Youth Peer Support model and curricula. There is presently no other national expert in Youth Peer Support curricula development. Additionally, Youth MOVE National is the only entity that provides the model and trains other states across the nation.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	The Department and Youth MOVE National Executive Director and leadership staff have met regarding the components and cost. There is no other national model for Youth Peer Support available and the costs are fair and reasonable.
4.	Describe the plan for future competition for the goods or services.
	The Department does not intend to competitively procure these services after this process is complete as Maine's COE will have in house trainers to provide the training statewide.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:		Date:	20 Sep 24
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	11/19/2024