



## 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 (Form's page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/SFS/Sarah Miller & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Patricia Wall		
(If applicable) Department Reference #:		SFS-22-007A		
Amount: (Contract/Amendment/Grant)	Original: Amendment A: Revised Total	\$0.00 \$27,000.00 \$27,000.00	Advantage CT / RQS #:	CT 10A 20210505 ** 3070
CONTRACT	Proposed Start Date:	7/1/2021	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:		Peter Donnelly South Portland ME 04106		
Brief Description of Goods/Services/Grant:		State Forensic Service		

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

Amendment to include additional funding and added deliverables related to assignment as interim Clinical Director for the Office of Behavioral Health.

Documents will be transferred to the Not Subject to MAAP Service Contract.

The State Forensic Service is required by statute (MRS Title 15 §§101-D, 3309-A, 3318-A, 3318-B) to conduct court ordered evaluations in criminal cases. These evaluations, by statute, must be conducted by licensed psychologists and/or psychiatrists. The Department is responsible for ensuring that examiners conducting such evaluations are qualified to do so. See 34-B MRS § 1212.

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

Existing provider with expertise in the field deemed appropriate for emergency placement as interim Clinical Director.

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

The rates and avenue of procurement have been negotiated between the Commissioner's Office, State Forensic Services, the Office of Behavioral Health and the Division of Contract Management.

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

This is a short-term service with no anticipation of continuation at this time.

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

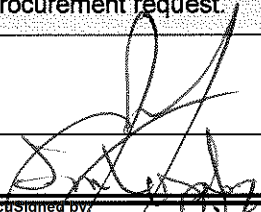

Does this request utilize ARPA/MJRP funds?

☐ 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:	8-Sep-22
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	12/1/2022