



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

## 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/OBH/Tamara Hunt/Kristen King	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Melinda Farrell	
(If applicable) Department Reference #:		MH4-23-111A	
Amount: (Contract/Amendment/Grant)	Original: \$ 77,500.00 Amend: \$ 69,000.00 Revised: \$146,500.00	Advantage CT / RQS #:	CT 10A 20230202000000002016
<b>CONTRACT</b>	Proposed Start Date:	Proposed End Date:	
<b>AMENDMENT</b>	Original Start Date:	1/1/2023	Effective Date:
	Previous End Date:	3/31/2024	New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Spiritual Care Services Saco, ME	
Brief Description of Goods/Services/Grant:		StrengthenME Psychosocial 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 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.

The Psychosocial Support workers will provide outreach, education, referrals, support and community networking to members of the Target Population groups: Non-white communities, Native communities, immigrant, asylee, and refugee populations, frontline healthcare workers, youth, emergency service providers, people with substance use disorders, unhoused, incarcerated and re-entering.

Description of services has been updated alongside the program name change to best describe the type of services being provided.

This contract is being amended with the use of one-time grant funds to continue this highly utilized service through the end of the calendar year, 2024.

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

DHHS, Office of Behavioral Health Services, has determined that this provider is willing and qualified based on the following criteria:

- 1.) An established clinically trained chaplain workforce or similar type outreach staff that have completed one unit of Clinical Pastoral Education.
- 2.) Established community connection for target populations listed above.

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

The costs associated with these services have been reviewed by the Department for fairness and allowability. The funding was allocated based on a formula for their previous activities and the number of Encounters documented and projected out annually.

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

The Department does not intend to RFP based on the availability of grant funding. at this time.

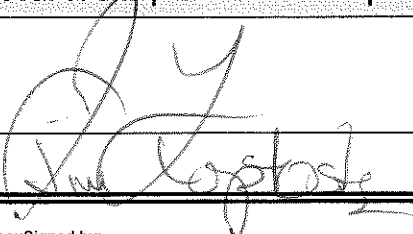
### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	2-Mar-24
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAE44CD		
Typed Name:	Kathy Paquette	Date:	4/16/2024