



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:		Althea Harris / Brianne Carrero	
(If applicable) Department Reference #:		Multiple, see attached list	
Amount: (Contract/Amendment/Grant)	\$ 1,377,985.00	Advantage CT / RQS #:	Multiple, see attached list
CONTRACT	Proposed Start Date:	4/1/2024	Proposed End Date: 3/31/2025
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:		Multiple, see attached list	
Brief Description of Goods/Services/Grant:		Community Health Outreach Workers (CHOW)	

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 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 Community Health Outreach Workers (CHOW) will provide outreach, education, referrals, support and community networking to members of the Target Population groups that have been impacted significantly by COVID-19.

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 these providers are willing and qualified based on the following criteria:

- 1.) An established Community Health Outreach Worker workforce or similar type outreach staff
- 2.) Language and cultural brokering expertise for the following target populations: African Americans; various immigrant, refugee and asylee communities; Native communities; older people; youth from Communities of Color
- 3.) Self-reports as a community-based organization (CBO): An organization that is driven by and accountable to the community and/or population that it serves. A CBO that has a physical presence in the community it serves and has clear processes to include community perspectives in determining the priority issues it addresses and the solutions pursued.

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

OBH negotiated a rate of \$240/day x thirty (30) days x forty (40) CHOWs. Or \$7,200 per CHOW. The provider agencies reported to the Department how many staff they have to support this project, not to exceed forty (40) total CHOWs across all Provider agencies.

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

This service is willing and qualified. The Department does not intend to RFP at this time.

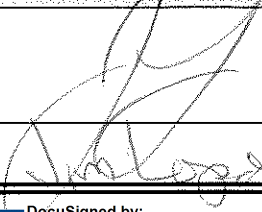

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:	21-Mar-24
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	4/16/2024

DHHS Office: OBH
 Service: Community Health Outreach Workers (CHOW)-SFY24

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Revised Amount
MAINE ACCESS IMMIGRANT NETWORK	MH4-24-101	20240125000000002057	4/1/2024	3/31/2025	\$200,868.00
PRESENTE MAINE	MH4-24-102	20240125000000002058	4/1/2024	3/31/2025	\$247,538.00
NEW MAINERS PUBLIC HEALTH INITIATIVE	MH4-24-103	20240125000000002059	4/1/2024	3/31/2025	\$330,050.00
WABANAKI PUBLIC HEALTH & WELLNESS INC	MH4-24-104	20240125000000002060	4/1/2024	3/31/2025	\$69,472.00
GATEWAY COMMUNITY SERVICES MAINE	MH4-24-106	20240125000000002061	4/1/2024	3/31/2025	\$257,250.00
CROSS CULTURAL COMMUNITY SERVICES	MH4-24-108	20240125000000002062	4/1/2024	3/31/2025	\$37,852.00
MAINE ASSOCIATION FOR NEW AMERICANS	MH4-24-109	20240125000000002063	4/1/2024	3/31/2025	\$189,065.00
AZERBAIJAN SOCIETY OF MAINE	MH4-24-110	20240125000000002064	4/1/2024	3/31/2025	\$45,890.00
Total Items	8			Totals	\$1,377,985.00