

# State of Maine Procurement Justification Form

## PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH: Theresa Witham	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Debbie Weston	
(If applicable) Department Reference #:		MH2-20-3010A	
Amount: (Contract/Amendment/Grant)	Original: \$299,975.00 Adding: \$ 72,344.36 New total: \$372,319.36	Advantage CT / RQS #:	CT 10A 202006160*3953
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	4/1/2020	Effective Date:
	Previous End Date:	3/31/2021	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		The Opportunity Alliance	
Brief Description of Goods/Services/Grant:		COVID-19 Warmline and StrengthenME call center support services	

## PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
<b>X</b>	B. Amendment		H. State Statute/Agency Directed
<b>X</b>	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project	<b>X</b>	L. Other Authorization: COVID-19

## PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

**1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

COVID-19, or Coronavirus Disease 2019, is a disease that originating in China that has spread to all over the world, with more than 4 million cases worldwide.

Frontline Workers in Maine are directly providing services to those experiencing COVID-19. This agreement is to provide funds for Warmline services which provides Frontline Workers and their family support if they are experiencing anxiety, stress, grief, and/or worry related to COVID-19. The StrengthenME program is available to individuals seeking support related to the COVID-19 pandemic.

The purpose of this amendment is to extend the end date to continue services.

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## PART III: SUPPLEMENTAL INFORMATION

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

The Provider is experienced in managing the broadest array of services in the State with staff that understand their role in providing Warmline services. They have the experience and support to receive calls from Frontline Workers and individuals seeking services through the StrengthenME program related to the COVID-19 pandemic. The Provider is also already providing this service.

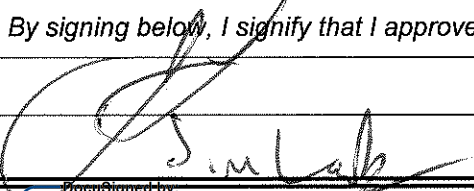
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

Costs for this program are based on negotiations with OBH and are cost settled through the DHHS audit department.

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

OBH does not intend to RFP this service as it is a pilot project.

## PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	<i>9 Dec 20</i>
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	1/22/2021