

# State of Maine Procurement Justification Form

## PART I: OVERVIEW

Department Office/Division/Program:		Department of Health and Human Services	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Arlene Jones	
(If applicable) Department Reference #:		See attached	
Amount: (Contract/Amendment/Grant)	\$ See attached	Advantage CT / RQS #:	See attached
CONTRACT	Proposed Start Date:	6/1/2020	Proposed End Date: 11/30/2020
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	
Brief Description of Goods/Services/Grant:		Social Support services for individuals who must quarantine or isolate due to COVID-19	

## 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. Amendment		H. State Statute/Agency Directed
X	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	X	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.

The Department will be providing temporary Social Support services for individuals who must quarantine or isolate due to COVID-19 to do so safely. Social Support includes psychosocial care, housing, food related support, health prevention activities, transportation related services, outreach and education regarding COVID-19 and other activities. The ability to ensure that basic needs of individuals who are required to quarantine or isolate due to testing positive for or being a close contact of someone who has tested positive is critical to ensure that the transmission of the Coronavirus is mitigated.

These providers shall provide Social Support services in the general timeframes and locations at the direction of the Department.



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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 Department determined that the ten Community Action Program agencies and Wabanaki Public Health are uniquely positioned to provide temporary Social Support services for their specific geographic regions. This is due to the nature of the services that they currently provide on behalf of the Department in their communities, their knowledge of and existing relationships with community-based organizations and the communities they collectively serve. These agencies have on the ground experience serving the members of their communities and thus have established trust, which is because the temporary social support services are being offered to individuals who are scared, stressed and overwhelmed by their likelihood of contracting the Coronavirus as a result of being a close contact or because they have been identified as being COVID 19 positive. In addition, the Community Action Program agencies and Wabanaki Public Health are familiar with State contracting requirements and have the necessary infrastructure, internal controls and systems in place to ensure the proper tracking and recording of services.

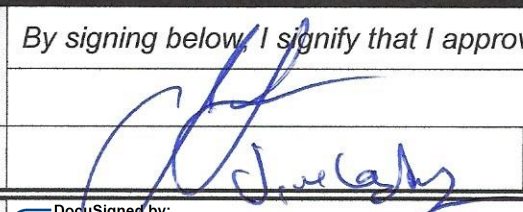
### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The costs associated with these services have been reviewed by the Department for fairness and allowability. The funding was, in part, based on the number of cases in the geographic region served by the agencies, the population served, i.e. greater exposure for contracting the Coronavirus due to occupation, underlying health disparities, or high-density living arrangements, and geographic considerations.

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

These are one-time contracts; the Department does not intend to competitively bid.

## 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>	29-Jun-20
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>Kathy Paquette</i>		
<b>Printed Name:</b>	Kathy Paquette <small>41C9DA36FAF44CD</small>	<b>Date:</b>	6/30/2020

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Agreement Number	Agreement Amount	Vendor Name	CT #
COM-20-4000	\$32,000.00	AROOSTOOK CTY ACTION PROG INC	CT 10A 20200528000000003537
COM-20-4001	\$70,097.00	MIDCOAST MAINE COMMUNITY ACTION	CT 10A 20200528000000003539
COM-20-4002	\$116,000.00	COMMUNITY CONCEPTS INC	CT 10A 20200528000000003541
COM-20-4003	\$32,000.00	KENNEBEC VALLEY COMMUNITY	CT 10A 20200528000000003542
COM-20-4004	\$40,000.00	PENQUIS CAP INC	CT 10A 20200528000000003543
COM-20-4005	\$129,000.00	THE OPPORTUNITY ALLIANCE	CT 10A 20200528000000003543
COM-20-4006	\$32,000.00	WALDO COMMUNITY ACTION PARTNER	CT 10A 20200528000000003545
COM-20-4007	\$32,000.00	DOWNEAST COMMUNITY PARTNERS	CT 10A 20200528000000003551
COM-20-4008	\$32,000.00	W ME COMM ACTION INC	CT 10A 20200528000000003560
COM-20-4009	\$80,332.00	YORK CTY COMM ACTION CORP	CT 10A 20200528000000003564
COM-20-4010	\$40,000.00	WABANAKI HEALTH & WELLNESS INC	CT 10A 20200528000000003565