

## State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OBH/Jessica Pollard/Christie Goodman	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Eliza Fielding	
(If applicable) Department Reference #:		MH4-21-217A	
Estimated Contract or Grant Amount:	Original \$170,000.00 Amendment \$160,000.00 Revised \$330,000.00	Advantage CT / RQS #:	20210122000000002097
CONTRACT	Proposed Start Date:		Proposed End Date:
	Proposed End Date:		New End Date:
AMENDMENT	Original Start Date:	1/15/2021	Effective Date:
	Previous End Date:	6/30/2021	New End Date:
GRANT	Proposed Start Date:		Proposed End Date:
	Vendor/Provider/Grantee Name, City, State:		Affiliated HealthCare Management Brewer, ME 04412
Brief Description of Goods/Services/Grant:		Employee Wellness and Resiliency Support Training	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	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: COVID-19

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
<b>1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.</b>
The purpose of this amendment is to add another target audience (healthcare workers) to the same scope of work. This amendment will also include an addition of another COVID related federal grant and an extension of the end date to 5/31/2022.
This contract was part of the StrengthenME grant proposal. The Provider will develop and deliver free employee stress management, wellness, and resiliency support sessions to employees working for Maine organizations and agencies responding to the COVID pandemic that lack Employee Assistance Program or other wellness supports.

## State of Maine Procurement Justification Form

### PART III: SUPPLEMENTAL QUESTIONS

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

The Department researched potential providers and was able to negotiate a successful contract with Affiliated HealthCare Management to ensure Maine organizations and agencies responding to the COVID pandemic will have sufficient access to an Employee Assistance Program or other wellness supports for the immediate COVID-19 related needs (refer to the Governor's Proclamation of State of Civil Emergency to Further Protect Public Health).

Affiliated HealthCare Management has conducted over 110 pandemic-related trainings and clinical services for 24 different companies, municipalities, and non-profit organizations.

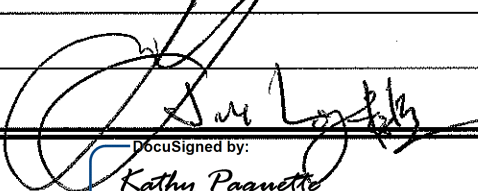
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The rates are based on upon negotiated costs and are in line with similar employee wellness trainings/initiatives.

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

The Department does not intend to RFP this service as it is for a limited period and only available due to the State of Civil Emergency.

### 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>	12-10-21
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA38FAF44CD Kathy Paquette	<b>Date:</b>	6/10/2021