

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 #:		COM-20-4011	
Amount: (Contract/Amendment/Grant)	\$ 320,000.00	Advantage CT / RQS #:	20200528000000003569
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:		Catholic Charities of Maine Portland, ME	
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.

There is a need to provide interpreter, translation and cultural brokering services as part of the Department's Case Investigations, Case Enrollment, Contact Tracing and temporary Social Support services for individuals who must quarantine or isolate due to COVID-19. The Department contracted with Community Action Program agencies and Wabanaki Public Health to provide the temporary Social Support services, which include psychosocial care, housing, food related support, health prevention activities, transportation related services, outreach and education regarding COVID-19 and other activities. These agencies will reach out to the Provider, if needed, for interpreter, translation and cultural brokering 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.

Catholic Charities is uniquely positioned to provide these temporary services due to the nature of the services that they currently provide on behalf of the Department, their knowledge of and existing relationships with community-based organizations and the communities they collectively serve. The agency has on the ground experience serving the members of their communities. In addition, the Catholic Charities is 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. Finally, Catholic Charities also holds one of the State's master agreements for Interpreting In Person Spoken Language.

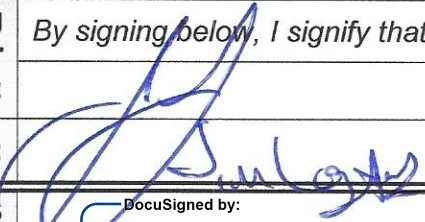
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	29-Jun-20
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	7/23/2020