

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/OBH/COVID Behavioral Health Support/Kathryn Temple			
Department Contract Administrator or Grant Coordinator:	Lora Blackwell (DCM)/ Christie Goodman (OBH)			
(If applicable) Department Reference #:	MH1-20-216			
Amount: (Contract/Amendment/Grant)	\$ 95,130.00	Advantage CT / RQS #:	CT 10A 20200608000000003790	
CONTRACT	Proposed Start Date:	5/11/2020	Proposed End Date:	9/30/2020
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:	Sweetser Saco, ME 04072			
Brief Description of Goods/Services/Grant:	COVID Behavioral Health Supports (Alternative Care Site)			

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.
<p>At this time, in the wake of the COVID-19 pandemic, shelters are seeking ways to provide support to individuals with potential exposure that limits their contact with others. As such, Preble Street in conjunction with other stakeholders created a temporary quarantine shelter in South Portland, ME to provide shelter to individuals experiencing homelessness who are COVID positive or presumptive positive. The isolation and guidelines</p>

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PART III: SUPPLEMENTAL INFORMATION

imposed by quarantine can be a challenging experience for individuals, especially those who may have an existing behavioral health diagnosis. Thus, behavioral health support has been requested in an effort to support an environment where individuals can successfully complete CDC quarantine recommendations.

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

Sweetser is a nonprofit community mental health provider with a statewide network of care offering services in mental and behavioral health, developmental, and educational services. There was an immediate need and Sweetser had the staffing available to provide the service within the quarantine site.

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

The cost was determined by the cost associated with the following items:

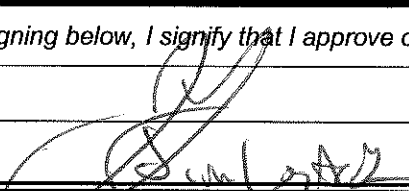
- a. **Personnel:** Includes two (2) employees at fifty (50) hours per week (ten (10) hours a week as overtime), including COVID pay as well as overnight differential for five (5) months. Along with this, we have included support departments including the Director of Organizational Compliance, VP of Child and Family Services, and the Director of Crisis Services.
- b. **Fringe:** These costs include Employee Health Insurance, LT Disability, Workers Compensation and Payroll Taxes.
- c. **Travel:** Costs for two (2) employees to travel from Saco to the shelter, 5 days week.
- d. **Supplies:** This includes the monthly cell phone costs, as well as the Telecommunications Dept costs for five (5) months for two employees \$1,235. Our organizational training costs are \$264 and the Technology costs for 2 computers for 5 months \$2,589.
- e. **Indirect:** Includes the costs of our Exec Administration, Communications Dept, Finance Dept, and the HR Dept. All are allocated out based on FTE's.

OBH determined that these costs were fair and reasonable after reviewing the proposed budget.

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

The Department does not intend to RFP this temporary service to address the COVID pandemic and the behavioral health needs associated with the quarantine measures.

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:	23 Jun 20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>410RA38FAACD</small> Kathy Paquette	Date:	9/16/2020