

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Jessica Gerrish			
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Debbie Weston			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)	\$ 299,975.00	Advantage CT / RQS #:	CT 10A 202006160*3953		
CONTRACT	Proposed Start Date:	4/1/2020	Proposed End Date:	3/31/2021	
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:		The Opportunity Alliance			
Brief Description of Goods/Services/Grant:		COVID-19 Warmline			

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.

Frontline Workers in Maine are directly providing services to those experiencing COVID-19. The purpose of 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.

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

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PART III: SUPPLEMENTAL INFORMATION

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 who are all over the State providing services related to the COVID-19 Pandemic.

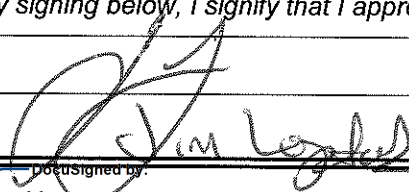
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Costs for this program are based on negotiations with OBH and determined fair and reasonable based on a comparison of like services and will be 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 one-time service.

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:	22-Jun-20
Signature of DAFS Procurement Official:	<small>Delegated by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	9/24/2020