



**PROCUREMENT JUSTIFICATION FORM (PJF)**

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 intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OCFS	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Ryan Roberts	
(If applicable) Department Reference #:		Multiple, see Table below	
Amount: (Contract/Amendment/Grant)	See Table below	Advantage CT / RQS #:	See Table below
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	11/30/2021 (9/30/2021 Penquis)
	Previous End Date:	New End Date:	6/30/2022
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple, see Table below	
Brief Description of Goods/Services/Grant:		Youth Homelessness Continuum of Care services	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input checked="" type="checkbox"/>	L. Other Authorization- RFP Extension

Please respond to ALL of the questions in the following sections.

### PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The services in this Youth Homelessness Continuum of Care group include Homeless Youth Case Management, Outpatient behavioral health services, Shelter, Drop-in, and Transitional Living Programs. These services are provided for any Youth experiencing Homelessness. Youth are provided with mental health and/or substance abuse counseling, family counseling, crisis intervention and case management services. Substance use and abuse is a pervasive issue within this population and must be addressed by the Providers.

Title 34-B Section 1221 authorized the Department to provide mental health or substance abuse services needed by individuals using homeless shelters and to develop procedures for referrals, treatment planning, information sharing and clinical services.

The purpose of this amendment is to extend the current contracts, to allow for completion of the RFP# 202102025 process and prevent lapse in services.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The current Providers were selected through a competitive bidding process in RFP# 201205315. A subsequent RFP# 201610194 was published which included these services, yet it failed to result in awarded contracts due to the cancellation of the RFP. RFP# 202102025, recently conditionally awarded, has been delayed due to the need for requests for clarification from each conditionally awarded Bidder, and the time needed for thorough financial analysis and decision making. DAFS has approved an extension through 6/30/2022 for the current service group contracts to allow for uninterrupted service delivery.

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

The rates were negotiated through the RFP# 201205315. The funding has increased by 10% over time, due to increased service delivery from 2013 to present. This Amendment provides a one-time, 7%, cost of living adjustment for services in the State Fiscal Year 2022.

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

These services will be incorporated into the contracts resulting from the Youth Homelessness Continuum of Care RFP# 202102025.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

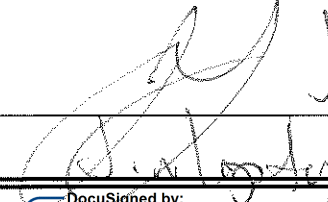
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

### PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	10-12-22
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	1/20/2022

Vendor Name	Contract (CT) Number CT 10A	Agreement Number	Amendment Amount	Agreement Total
The Opportunity Alliance	20200602000000003658	CFS-21-8313C	\$138,282.20	\$438,133.87
Shaw House	20200610000000003830	CFS-21-8314D	\$298,829.09	\$946,794.00
New Beginnings, Inc.	20200603000000003672	CFS-21-8315C	\$240,946.51	\$763,403.26
Preble Street	20200708000000000093	CFS-21-8316D	\$383,934.60	\$1,216,445.85
Penquis	20200610000000003838	CFS-21-8317B	\$92,789.57	\$234,237.06
New Beginnings	20200604000000003694	CFS-21-5004C	\$426,785.80	\$1,352,209.13
Shaw House	20200610000000003835	CFS-21-5005C	\$240,860.13	\$763,127.05
Day One	20200519000000003375	CBH-21-3008C	\$99,434.86	\$315,048.69
		<b>Total:</b>	<b>\$1,921,862.76</b>	<b>\$6,029,398.91</b>