

## State of Maine Procurement Justification Form

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OCFS	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Valerie Andreasen	
(If applicable) Department Reference #:		CFS-19-620F	
Amount: (Contract/Amendment/Grant)	Original: \$1,947,839.07 Amend F: \$ 223,749.61 Revised: \$2,171,588.68	Advantage CT / RQS #:	CT 10A 20180927000000001153
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	<b>11/01/2018</b>	Effective Date:
	Previous End Date:	03/31/2021	New End Date: 06/30/2021
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Spurwink Services 901 Washington Ave., Suite 100 Portland, ME 04103	
Brief Description of Goods/Services/Grant:		Assisting DHHS with Recruiting Resource Families for Youth in Foster Care, as well as assisting OCFS in increasing the number of recruited adoptions for children in DHHS custody without an identified permanent family.	

### 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>X</b>	B. Amendment		H. State Statute/Agency Directed
	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	<b>X</b>	L. Other Authorization – RFP Extended

### 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.**

The purpose of this Amendment is to extend the end date of the current contract by three (3) months to 06/30/2021 in order to provide additional time for the RFP process.

## State of Maine Procurement Justification Form

### PART III: SUPPLEMENTAL INFORMATION

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

The Provider assists OCFS in increasing the number of recruited adoptions for Youth in DHHS custody without an identified permanent family. When Youth are in DHHS custody without an identified permanent family it results in them languishing in Foster Care longer than necessary or appropriate for their development.

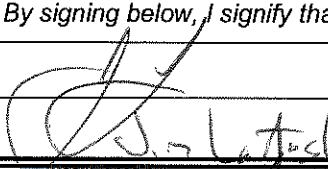
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The Provider has agreed to an extension using the same budget that was used in the last three (3) month extension. The budget is reasonable and fair for this Amendment.

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

The Department intends to issue RFP T2018091, which will result in a 07/01/2021 contract start date.

### 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>	1-Mar-21
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	3/19/2021