



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/OBH/Robert Porter/Kristen King		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza/Melinda Farrell		
(If applicable) Department Reference #:		OSA-23-6005		
Amount: (Contract/Amendment/Grant)	\$ 150,000.00	Advantage CT / RQS #:	CT 10A 2022113000000001490	
CONTRACT	Proposed Start Date:	1/1/2023	Proposed End Date:	12/31/2023
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:		City of Bangor Bangor, ME		
Brief Description of Goods/Services/Grant:		Post Overdose Response Team		

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 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 type="checkbox"/>	L. Other Authorization

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.

This Agreement maintains a Post Overdose Response Team that shall provide follow up for individuals that have experienced an overdose. The response team shall provide post overdose support and resources to enter recovery, reduce risks through Harm Reduction services, and/or meet basic needs to find stability. This approach is modeled after Huntington, West Virginia's quick response Post Overdose Response Team that has reduced overdose rates there by forty percent (40%).

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

Due to the vendor's well-developed connections with law enforcement through their Crisis intervention service work, and their clinical oversight structures, they are uniquely positioned to provide this service.

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

The negotiated costs are based on Bureau of Labor statistics for salary and fringe for licensed or certified clinicians, equivalent IT-associated costs, and aligned travel reimbursement.

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

The Department does not intend to RFP the service at this time.

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

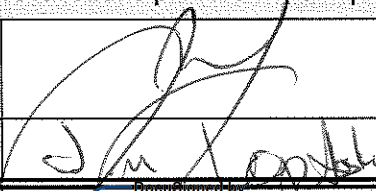
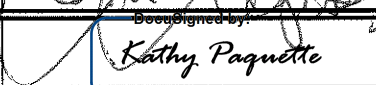
Does this request utilize ARPA/MJRP funds?

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):			Date:	3-Mar-23
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	3/20/2023
Typed Name:	41C2BA36FAF44CD... Kathy Paquette		Date:	