



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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.

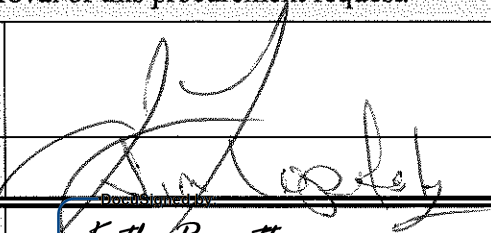

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Other Residential Supports/Kerry Polyot-Stefani		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Brianne Carrero		
(If applicable) Department Reference #:		MH3-22-2018A		
(Contract/Amendment/Grant)	Amount:	Original \$ 98,838.35	Advantage CT / RQS #:	CT 10A 20210817*0371
		Amend \$6,177.40		
		Revised \$105,015.75		
CONTRACT	Proposed Start Date:	9/7/2021	Proposed End Date:	9/30/2022
AMENDMENT	Original Start Date:	9/7/2021	Effective Date:	
	Previous End Date:	9/6/2022	New End Date:	9/30/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		VK Brewer LLC Brewer, ME		
Brief Description of Goods/Services/Grant:		Single Room Fee		

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 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.	The purpose of this amendment is to extend the contract until the end of September 2022 (9/30/2022).
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Department has exhausted many resources and potential vendors, and this was the only vendor, who was able to admit this client due to the complex needs associated with her care.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The rates were determined by calculating the costs associated with allowing the client to reside in a room without other residents. The rate is \$270.79 per day (these costs are not reimbursable by MaineCare).
4. Describe the plan for future competition for the goods or services.	The goal is to discontinue this agreement once the client is able to be discharged into a PNMI facility/ Community Residence for Persons with Mental Illness. The Department does not intend to RFP these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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: 20-08-22
Signature of DAFS Procurement Official:	 <small>Digitally signed by Kathy Paquette</small>		Date: 3/20/2023
Typed Name:	Kathy Paquette	Date:	3/20/2023