

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/SAMHS/Rental Subsidies – Sara Wade		
Department Contract Administrator or Grant Coordinator:	Debbie Weston & Nancy Tan		
(If applicable) Department Reference #:	MH2-20-529		
Estimated Contract or Grant Amount:	\$ 87,687	Advantage CT / RQS #:	CT 10A 20200218*2302
AMENDMENT	Original Start Date:	10/1/19	New Start Date:
	Original End Date:	6/30/21	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:		Proposed End Date:
Vendor/Provider/Grantee Name, City, State:	Community Concepts Development		
Brief Description of Goods/Services/Grant:	Rental Subsidies		

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

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>According to the Nation Low Income Housing Coalition, In Maine 96.1% of a person's Social Security Income standard monthly payment is needed to pay for the average one-bedroom apartment. Rental assistance is designed to assist individuals with severe and persistent mental illness with their housing costs in permanent or transitional housing settings in the community.</p> <p>Paragraph 93 of the Bates Consent Decree, shall fund, develop, recruit and support a variety of housing options, which can accommodate varying levels of supportive assistance to clients, according to their individual needs. Some class members will live independently in their own homes.</p>

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PART III: SUPPLEMENTAL QUESTIONS

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

DHHS, The Office of Substance Abuse and Mental Health Services has determined that this provider is willing and qualified to provide this service. These Vendor have a long standing history and ability to relate and maintain relations with the target group to be served. The Department partnered with the Vendor to provide this subsidy and to utilize funds in units specifically with the MaineCare Benefits Manual Section 17 eligible tenants in buildings funded, in part, by Maine State Housing Authority (MSHA) as part of the consent decree agreement. The Vendor owns, or has contracted use of the facilities/buildings subsidized by these funds.

This provider reorganized and is now doing business as Community Concepts Development, formerly Supportive Housing Assoc L P. This agreement provides Rental Subsidies to the Department's consumers.

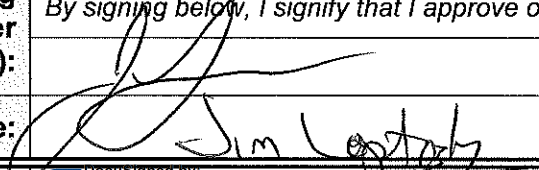
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rental rates are based on the Fair Market Rents (FMR)

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

The Department does not intent to RFP this willing and qualified 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:	30-Mar-19
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	4/16/2020