



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 -Commissioner's Office	
Department Contract Administrator or Grant Coordinator:		Nancy Tan & Jennifer Levesque	
(If applicable) Department Reference #:		Multiple: See Attachment	
Amount: (Contract/Amendment/Grant)		Multiple: See Attachment	Advantage CT / RQS #: Multiple: See Attachment
CONTRACT	Proposed Start Date:	01/01/2022	Proposed End Date: 12/31/2022
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:		Multiple: See Attachment	
Brief Description of Goods/Services/Grant:		Community-Based COVID-19 Prevention and Response Activities	

PART II: JUSTIFICATION FOR VENDOR SELECTION

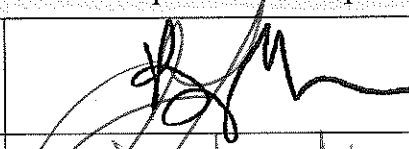


Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

<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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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: COVID-19

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.	Community-Based COVID-19 Prevention and Response activities are implemented to assure that core services to prevent SARS-CoV-2 transmission are available to all Mainers at risk, infected or close contacts of cases. The response should be linguistically and culturally appropriate. These community-based services provide COVID-19 prevention and public health response services including links to community care, social support, testing and vaccination. Funded activities are coordinated with community leaders and integrated with Maine CDC district services, contact tracing, and case investigation.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Department, Commissioners Office has determined that these providers are willing and qualified based on their ability to provide the necessary services in a linguistic and culturally appropriate way.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The cost associated with these services have been reviewed by the Department for fairness and allowability. The funding was allocated based on a formula for their previous activities and the number referrals into the DHHS COVID-19 Social Support/Community Care system and projected out annually.
4. Describe the plan for future competition for the goods or services.	The Department does not intend to RFP these willing and qualified 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):			25 MAR 22
Typed Name:		Date:	14 - Mar - 22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette <small>41C2BA36FAF44CD...</small>	Date:	4/5/2022

Office: Commissioner's Office
 Service: Phase IV Social Supports
 Start: 1/1/2022 End: 12/31/2022
 No. of Vendors 22
 Service Group total: \$2,250,168

Agreement Number	Vendor Name	Contract Start Date	Contract End Date	Agreement Amount
COM-22-6002	AROOSTOOK CTY ACTION PROG INC	1/1/2022	12/31/2022	\$ 161,735.00
COM-22-6003	COMMUNITY CONCEPTS INC	1/1/2022	12/31/2022	\$ 151,514.00
COM-22-6004	CROSSROADS YOUTH CENTER INC	1/1/2022	12/31/2022	\$ 61,043.00
COM-22-6005	DOWNEAST COMMUNITY PARTNERS	1/1/2022	12/31/2022	\$ 54,662.00
COM-22-6006	GATEWAY COMMUNITY SERVICES MAINE	1/1/2022	12/31/2022	\$ 105,043.00
COM-22-6007	HAND IN HAND / MANO EN MANO	1/1/2022	12/31/2022	\$ 150,448.00
COM-22-6008	KENNEBEC VALLEY COMMUNITY	1/1/2022	12/31/2022	\$ 137,840.00
COM-22-6009	MAINE ACCESS IMMIGRANT NETWORK	1/1/2022	12/31/2022	\$ 78,112.00
COM-22-6010	MAINE ASSOCIATION FOR NEW AMERICANS	1/1/2022	12/31/2022	\$ 123,092.00
COM-22-6011	MAINE IMMIGRANTS RIGHTS COALITION	1/1/2022	12/31/2022	\$ 98,231.00
COM-22-6012	MIDCOAST MAINE COMMUNITY ACTION	1/1/2022	12/31/2022	\$ 42,817.00
COM-22-6013	MULTICULTURAL COMMUNITY AND FAMILY SUPPORT SERVICE	1/1/2022	12/31/2022	\$ 61,113.00
COM-22-6014	NEW ENGLAND ARAB AMERICAN ORGANIZATION	1/1/2022	12/31/2022	\$ 44,951.00
COM-22-6015	NEW MAINERS PUBLIC HEALTH INITIATIVE	1/1/2022	12/31/2022	\$ 292,245.00
COM-22-6016	PENQUIS COMM ACTION PROG INC	1/1/2022	12/31/2022	\$ 149,170.00
COM-22-6017	SPIRITUAL CARE SERVICES OF MAINE	1/1/2022	12/31/2022	\$ 86,561.00
COM-22-6018	THE OPPORTUNITY ALLIANCE	1/1/2022	12/31/2022	\$ 78,162.00
COM-22-6019	WABANAKI HEALTH & WELLNESS INC	1/1/2022	12/31/2022	\$ 138,896.00
COM-22-6020	WALDO COMMUNITY ACTION PARTNER	1/1/2022	12/31/2022	\$ 40,305.00
COM-22-6021	WESTERN MAINE COMMUNITY ACTION	1/1/2022	12/31/2022	\$ 38,128.00
COM-22-6022	YORK COUNTY COMMUNITY ACTION CORPORATION	1/1/2022	12/31/2022	\$ 112,100.00
COM-22-6023	AK HEALTH AND SOCIAL SERVICES	1/1/2022	12/31/2022	\$ 44,000.00