

**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: Ian Yaffe		
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:		Proposed End Date:	
AMENDMENT	Original Start Date:	02/01/2021	Effective Date:	9/1/2021
	Previous End Date:	12/31/2021	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:		Covid-19 Social Support Services		

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 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.

This agreement aims to provide temporary Social Support services for individuals who must quarantine or isolate due to COVID-19. Social Support includes assessing needs, psychosocial care, shelter/housing, food related support, health prevention activities, transportation related services, outreach and education regarding COVID-19 prevention and how to safely isolate and quarantine as well as vaccine support. Services must be delivered in a culturally-tailored way when appropriate.

The purpose of this amendment to increase funding to address the increase in service needs.

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 to safely isolate and quarantine. The providers have a history of providing such services and have the capacity to meet the requirements of the deliverables.

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

The costs associated with these services have been reviewed by the Department for fairness and allowability. The funding was, in part, based on the number of cases in the geographic region served by the agencies, the population served, i.e. greater exposure for contracting the Coronavirus due to occupation, underlying health disparities, or high-density living arrangements, and geographic considerations.

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)

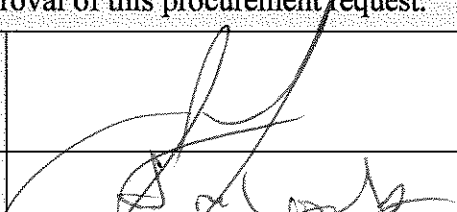

Does this request utilize ARPA/MJRP funds?

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:	9-Mar-22
Typed Name:			Date:	
Signature of DAFS Procurement Official:	 <small>Designated by: Kathy Paquette</small>		Date:	4/6/2022
Typed Name:	Kathy Paquette	<small>41C2BA36FAF44CD...</small>	Date:	4/6/2022

Office: DHHS COM

No. Vendors: 5

Amendment Reason: increase funding to address service needs

Agreement Number	Vendor Name	Contract Start Date	Contract End Date	Amendment Amount	Revised Agreement Total
COM-21-5001B	NEW ENGLAND ARAB AMERICAN ORGANIZATION	2/1/2021	12/31/2021	\$ 3,100.00	\$ 35,100.00
COM-21-5008B	AROOSTOOK CTY ACTION PROG INC	2/1/2021	12/31/2021	\$ 29,900.00	\$ 59,333.29
COM-21-5025B	HAND IN HAND / MANO EN MANO	2/1/2021	12/31/2021	\$ 29,000.00	\$ 375,156.80
COM-21-5026B	PENQUIS CAP INC	2/1/2021	12/31/2021	\$ 25,600.00	\$ 128,034.50
COM-21-5030B	COMMUNITY CONCEPTS INC	2/1/2021	12/31/2021	\$ 4,200.00	\$ 186,500.00