



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 Cynthia McPherson / Sara Wade		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero		
(If applicable) Department Reference #:		MH3-23-4002A		
Amount: (Contract/Amendment/Grant)		Amend: \$78,400.00 Total: \$275,378.00	Advantage CT / RQS #:	CT 10A 20220713000000000126
CONTRACT	Proposed Start Date:	7/1/22	Proposed End Date:	6/30/23
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:		Community Health & Counseling Services Bangor, ME		
Brief Description of Goods/Services/Grant:		WRAP 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 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 add funding due to increased utilization of temporary shelter in the greater Bangor area.

The Office of Behavioral Health (OBH) is responsible for services and unmet needs for persons with serious and persistent mental health disorders. These individuals are often poor and at times because of their poverty or in part because of their disorder have individual emergent/unmet needs that cannot be met by other resources. WRAP funds assist in meeting basic emergent/unmet needs and the organization that manages those funds. The Providers are required to assemble a WRAP committee that includes a peer with lived experience to meet on a weekly basis. The committee reviews applications to ensure that WRAP applicants are Section 17 eligible in order to qualify for WRAP funding. The applications are also reviewed to ensure they are complete, accurate, and provide a five (5) day turnaround from application submission to approval /denial of Wrap funding with written notice to the applicant. Assembling the WRAP three (3) person committee involves at least one (1) hour per week to ensure coverage is met.

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

DHHS, OBH Services has determined that this provider is willing and qualified to provide these WRAP services. They are also licensed with the Division of Licensing and Regulatory Services and have a contract with OBH. The Provider has the expertise and knowledge to ensure that the WRAP services are met.

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

The allocation for each agency is based on regional need. The historical allotment and resulting utilization for the area plus an administrative fee, which is calculated as thirty percent (30%) of the total program expense for all Providers of the service. This contract is being amended to add funding due to increased utilization of temporary shelter in the greater Bangor area.

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

OBH does not intend to competitively procure this service. Any willing and qualified provider can submit a proposal for consideration to provide this service.

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

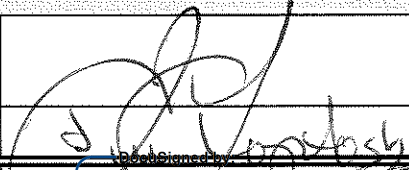

Does this request utilize ARPA/MJRP funds?

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):		
Typed Name:		Date: 7-11-23
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 4/11/2023