



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/OADS/Emergency Transitional Housing		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero		
(If applicable) Department Reference #:		Multiple, See attached		
Amount: (Contract/Amendment/Grant)	\$700,000.00	Advantage CT / RQS #:	CTMV 10A 2023041100000000014	
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	06/30/2024
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 attached		
Brief Description of Goods/Services/Grant:		State funded Home Support Emergency Transitional Housing SFY24		

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 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 Contract is to provide State-funded Home Support services to consumers as specified by the Department. The provided services are characterized as "Emergency Transitional Housing Services".

The need for these services is unpredictable and urgent when it occurs. Each referred consumer is expected to be temporary until they are no longer needed by the consumer, or a permanent placement of the consumer is made.

Provider shall provide Home Support Services to eligible consumers as directed by the Department, in accordance with the consumers' Person-Centered Plans, and applicable provisions within 10-144 C.M.R. ch. 101, ch. II, § 21 – Home Support – Agency Per Diem.

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

The Department, Office of Aging and Disability Services, has determined that this Provider is willing and qualified to provide the State-funded Home Support services characterized as "Emergency Transitional Housing Services". The Provider is expected to begin delivery of these services within 24 hours after referral of a consumer to the Provider by the Department.

This Provider is fully qualified to provide Home Support Services to eligible consumers in accordance with the consumers' Person-Centered Plans and the applicable provisions of 10-144 C.M.R. ch. 101, ch. II § 21.

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

The cost of the service shall be the Agency Home Support rate specified in 10-144 C.M.R. ch. 101, ch. III, § 21, Appendix I.

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

The Department does not intend to issue an RFP for these services because any willing and qualified provider can provide them at the Agency Home Support rate specified in 10-144 C.M.R. ch. 101, ch. III, § 21, Appendix I.

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

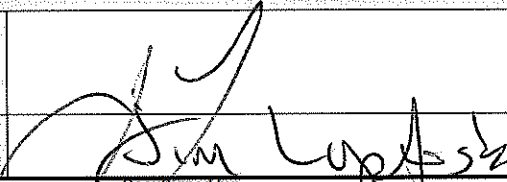

Does this request utilize ARPA/MJRP funds?

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:	
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	
Typed Name:	Kathy Paquette		Date:	4/28/2023

Emergency Transitional Housing SFY24

Start Date: **7/1/2023**

End Date: **6/30/2024**

Total Agreements Amount: **\$700,000.00**

Vendor Name, City & State	Agreement #	Doc ID	Agreement Amount
Granite Bay Care Inc Concord, NH	ADS-24-1551	CTP 10A	\$350,000.00
Support Solutions Inc Auburn, ME	ADS-24-3553	CTP 10A	\$250,000.00
Coastal Community Care LLC Auburn, ME	ADS-24-3554	CTP 10A	\$100,000.00
		Total:	\$700,000.00