



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/Disability Services/Betsy Hopkins/Christie Goodman	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Stacy Martin	
(If applicable) Department Reference #:		ADS-24-3704	
Amount: (Contract/Amendment/Grant)	\$290,030.00	Advantage CT / RQS #:	CT 10A 20240319*2535
CONTRACT	Proposed Start Date:	3/15/2024	Proposed End Date: 3/14/2025
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:		Maine Association of The Deaf, INC Yarmouth, Maine	
Brief Description of Goods/Services/Grant:		Administration and Support	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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 checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input 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.

On the evening of October 25, 2023, the City of Lewiston, Maine, experienced an incident of mass violence. In total, 18 individuals died, and dozens more were injured. Four of those individuals who died were members of Maine's Deaf Community. In the United States, the incident was the deadliest mass shooting of the year and the tenth deadliest mass shooting on record. In the days and weeks after the tragedy, Maine DHHS partnered with the City of Lewiston, local healthcare, behavioral health and community organizations, and across Maine State Government, federal and local partners to coordinate the early response to this devastating event. In particular, Maine DHHS provided – and plans to continue to provide – leadership to the behavioral health response critical in the aftermath of mass violence.

Maine DHHS recently received a 12-month Supplemental Emergency Response Grant (SERG) from federal SAMHSA to bolster behavioral health resources, services and supports in Lewiston and surrounding communities; these grants are available to States in the aftermath of disaster and are intended to be short-term funds to immediately address an overwhelmed behavioral health system that must be ready to support iterative community and individual need in the coming weeks and months. After a tragedy of this nature and scope, there must be a comprehensive approach to helping the community and individuals to recover. This grant and the services it provides – including the services contained within this contract – are a vital component to the behavioral health response to support Lewiston.

In particular, this grant bolsters support and services for the Deaf and hard of hearing community, a group unduly impacted by the shooting. In the hours and days after the event, there were multiple communication challenges that resulted in members of the Deaf community being unaware of the situation unfolding in real time, as well as members experiencing barriers to connecting with family within the healthcare system; further, there are educational efforts needed to ensure that the first responder and healthcare provider systems are better prepared to provide support and care to Deaf individuals.

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

The Maine Association for the Deaf (MeAD) is the statewide entity that promotes the social, recreational, educational, civic and economic welfare of all deaf citizens in Maine. In the days and weeks since the tragedy, representatives from within Maine DHHS have worked with leaders from the Deaf community to determine the appropriate entity to undertake the scope of work outlined in this contract. The decision to contract with MeAD was determined based on the efforts the organization undertook in the hours after the shooting, including establishing a website that centralized critical information as well as interpreting resources. MeAD is a respected member lead organization within the Deaf community and is a natural pick for an organization to take on the work outlined in this contract.

PART III: SUPPLEMENTAL INFORMATION

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

Many portions of this contract are a new service to Maine DHHS that considered proximate costs across other similar contracts and services. Funding specific to interpretation and CART services is based on standard SOM master agreements.

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

The services supported by this contract are for the 12-month period of the grant. Maine DHHS has been clear that the services are grant specific, that no future grant dollars will be available (based on the emergency response element of the grant), and that this service is time limited.

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

Does this request utilize ARPA/MJRP funds?

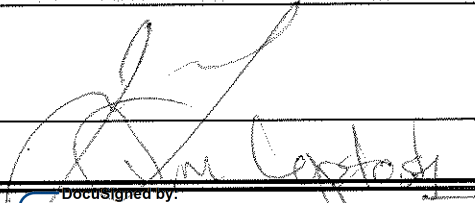
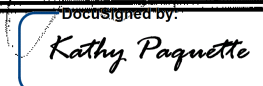
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	Kevin Capostasi	Date:	26-Mar-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	4/22/2024