

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:	Chris Moiles/Lisa Munster		
(If applicable) Department Reference #:	CFS-21-5004A		
Amount: (Contract/Amendment/Grant)	Original: \$ 653,240.00 Amend A: \$ 163,310.00 Revised: \$ 816,550.00	Advantage CT / RQS #:	10A 20200604000000003694
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2020	Effective Date:
	Previous End Date:	6/30/2021	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	New Beginnings, Lewiston, Maine		
Brief Description of Goods/Services/Grant:	Transitional Living Program (TLP) for Homeless Youth and/or Runaways		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project	X	L. Other Authorization- RFP Extension

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
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 provides a Transitional Living Program (TLP) to Homeless Youth and/or Runaways who are either unable or unwilling to return to live with family or other natural supports, and whose goal is Independent Living. TLP's design and operation is firmly based on a positive Youth development model that builds on Youth strengths and assets, fosters positive relationships with caring adults, and provides opportunities for positive

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PART III: SUPPLEMENTAL INFORMATION

developmental activities. All Youth are provided Case Management in a stable, supportive living situation combined with specific Independent Living Skills curriculum.

The purpose of this amendment is to extend the current contract, to allow for completion of the RFP# 202102025 process and prevent a lapse in services.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The current Provider was selected through a competitive bidding process in RFP# 210205315. RFP #201610194 was published, which included these services, yet failed to result in awarded contracts due to the cancellation of the RFP. RFP #202102025 recently published, has been delayed, per the Commissioner's Office, due to multiple concerns from the current providers regarding the timeline for the proposals due, given the current direct service response related to COVID-19. DCM has approved an extension to 9/30/2021 for the current service group contracts to allow for uninterrupted service delivery during the COVID-19 emergency.

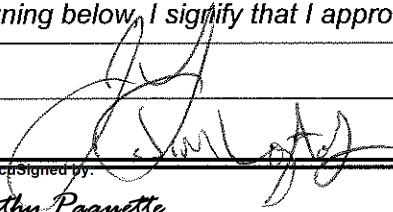
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates were negotiated through the RFP# 201205315. The funding has increased by 5% over time, due to increased service delivery from 2013 to present.

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

This service will be incorporated into the Youth Homelessness Continuum of Care RFP. The Department has RFP# 202102025, on schedule to be competitively procured with a contract start of date of 10/1/2021.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	5-May-31
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	5/10/2021