

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Virginia Dill & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Nancy Tan/ Valerie Andreasen		
(If applicable) Department Reference #:		MH1-21-111A		
Amount: (Contract/Amendment/Grant)	Original: \$10,396,984.75 Amend A: 5,149,829.59 Rev Total: 15,546,814.34	Advantage CT / RQS #:	CT 10A 20200603000000003664	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/20	Effective Date:	
	Previous End Date:	6/30/21	New End Date:	12/31/21
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Shalom House Inc		
Brief Description of Goods/Services/Grant:		Shelter Plus Care		

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 Extended

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.

The Shelter Plus Care (S+C) program, more recently known as the Continuum of Care (CoC) program, is a federally-funded, housing voucher program governed under 24 C.F.R. Part 582 and 24 C.F.R. Part 578 respectively through the U.S. Department of Housing and Urban Development (HUD). This Permanent Supported Housing (PSH) voucher program provides Homeless persons suffering from Severe and Persistent Mental Illness (SPMI), Substance Use Disorders, Dual Diagnosis, or HIV/AIDS, with PSHs and referrals to health care, mental health services, and substance abuse treatment services.

This contract is being amended to extend the end date and add the grant funds that are budgeted for use during this additional six (6) month period.

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PART III: SUPPLEMENTAL INFORMATION

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

The Provider was awarded the contract through the competitive bidding process, reference RFP# 201510193. As this Bidder has provided these services for the past 6 years, they are uniquely qualified to continue the provision of these services while the Department plans for future competitive procurement.

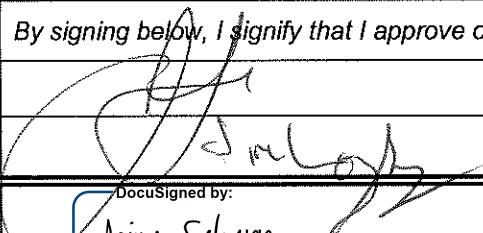
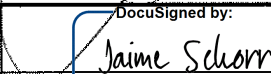
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Housing Assistance Payments (HAP) are established by HUD's Fair Market Rent (FMR) or Payment Standards for that particular area.

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

The Department intends to competitively procure these services with a 1/1/2022 contract start date.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
Printed Name:		Date:	3-May-21
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	Jaime Schorr 60643776400459...	Date:	5/24/2021