

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/Ryan Roberts	
(If applicable) Department Reference #:		See Table below	
Amount: (Contract/Amendment/Grant)	See Table below	Advantage CT / RQS #:	See Table below
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:		See Table below	
Brief Description of Goods/Services/Grant:		Community Support and Outreach Services for Youth Experiencing Homelessness	

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 is a renewal contract to purchase Homeless Youth Case Management and Outpatient behavioral health services. This program is provided for any Youth experiencing Homelessness. Youth are provided with mental health and/or substance abuse counseling, family counseling, crisis intervention and case management services. Substance use and abuse is a pervasive issue within this population and must be addressed by the Provider.

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PART III: SUPPLEMENTAL INFORMATION

Title 34-B section 1221 authorized the Department to provide mental health or substance abuse services needed by individual using homeless shelters and to develop procedures for referrals, treatment planning, information sharing and clinical services.

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.

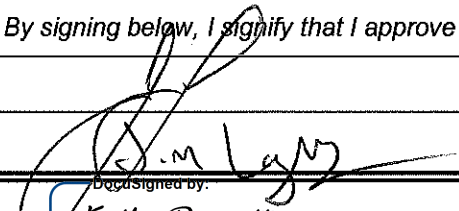
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates were negotiated through the RFP# 201205315. The funding has increased by 10% 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:	11-May-21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	5/24/2021

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Vendor Name	Contract Number	CT	Amendment Amount	Revised Total
Day One	CBH-21-3008A	CT-10A-20200519*3375	\$ 38,049.50	\$ 190,247.50
The Opportunity Alliance	CFS-21-8313A	CT-10A-20200602*3658	\$ 52,915.00	\$ 264,575.00
Shaw House	CFS-21-8314B	CT-10A-20200610*3830	\$ 114,346.75	\$ 571,733.75
New Beginnings Inc	CFS-21-8315A	CT-10A-20200603*3672	\$ 92,198.25	\$ 460,991.25
Preble Street	CFS-21-8316B	CT-10A-20200708*0093	\$ 146,913.75	\$ 734,568.75
Penquis Community Action Program Inc.	CFS-21-8317A	CT-10A-20200610*3838	\$ 28,289.50	\$ 141,447.50
		Total	\$ 472,712.75	\$2,363,563.75