



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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/OBH/Mike Freysinger Theresa Witham	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/ Brianne Carrero	
(If applicable) Department Reference #:		Multiple – See attached list	
Amount: (Contract/Amendment/Grant)		\$ 450,000.00 Combined Total	Advantage CT / RQS #: Multiple – See attached list
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 6/30/2024
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 list	
Brief Description of Goods/Services/Grant:		Community Center	

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.

There continues to be an increased need for treatment options within the State. In accordance with the Governor's Executive Order; "An Order To Implement Immediate Responses To Maine's Opioid Epidemic" dated February 6th, 2019. Community Centers provide a safe and welcoming space where individuals going through recovery can gain skills and support essential to promoting success.

The purpose of this Agreement is to establish new and maintain existing Community Centers to coordinate and run Peer Support programs to help persons in Recovery from drug addiction. The Center will accomplish the following activities:

- Individual mentoring and coaching
- Provide assistance with access to employment services
- Hold or provide access to Facilitated Groups for participants and affected others.

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

DHHS, Office of Behavioral Health had determined that this provider is willing & qualified to provide this service as they are the only provider capable of doing so within this region of the state. This geographic part of Maine is significantly lacking resources and quality entities to combat the opioid crisis it faces. This will allow a space for individuals fighting for their recovery to gather local resources and help. It will provide the only safe space these individuals can go to obtain the skills and support needed to guide and progress them through their recovery.

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

The cost was determined based on necessity of funding for this residence, staff and resources in order to provide Community Center Services. Costs includes rent, consultation, utilities, various supplies, salaries and other needed expenses to help support and promote a safe space for recovery.

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

The Department does not intend to RFP this willing and qualified service.

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

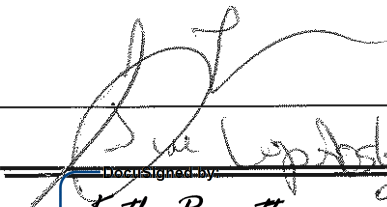

Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:	Sue Lepore	Date:	10-May 23
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF4CD... kathy Paquette	Date:	5/30/2023

DHHS Office: Behavioral Health Services
 Service: Community Center
 Start Date: **7/1/2023**
 End Date: **6/30/2024**

Agreement Number	Vendor Name	Doc ID	Total
OSA-24-760	PIR2PEER	CT 10A 20230411000000002639	\$50,000.00
OSA-24-770	LARRY LABONTE RECOVERY CENTER	CT 10A 20230411000000002640	\$50,000.00
OSA-24-780	REST CENTER RECOVERY EMPLOYMENT SUPPORT TREATMENT	CT 10A 20230411000000002641	\$50,000.00
OSA-24-790	SAVE A LIFE INC	CT 10A 20230411000000002642	\$50,000.00
OSA-24-791	HEALTHY ACADIA	CT 10A 20230411000000002643	\$50,000.00
OSA-24-792	MAINE PRISONER RE-ENTRY NETWORK	CT 10A 20230411000000002644	\$50,000.00
OSA-24-793	COASTAL RECOVERY COMMUNITY CENTER	CT 10A 20230411000000002645	\$50,000.00
OSA-24-794	MAINE HIGHLANDS SENIOR CENTER	CT 10A 20230411000000002646	\$50,000.00
OSA-24-795	MAINEHEALTH	CT 10A 20230411000000002647	\$50,000.00
OSA-24-796	VOLUNTEERS OF AMERICA	CT 10A 20230414000000002700	\$50,000.00
OSA-24-797	YORK CNTY SHELTER PROGRAMS INC	CT 10A 20230414000000002701	\$100,000.00
Grand Total			\$450,000.00