



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/OADS/DS-BI		
Department Contract Administrator or Grant Coordinator:		Althea Harris \ Brianne Carrero		
(If applicable) Department Reference #:		ADS-24-9830		
Amount: (Contract/Amendment/Grant)		\$ 1,172,000.00	Advantage CT / RQS #:	CT-10A-20240314000000002483
CONTRACT	Proposed Start Date:	4/1/2024	Proposed End Date:	3/31/2025
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:		Wheel Pad L3C Wilmington, VT		
Brief Description of Goods/Services/Grant:		Accessible Home Attachments for Independent Living		

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.

This project provides funding for adding ten (10) fully accessible bedroom and bathroom suites through WheelPad, L3C, to existing homes. These attachments are universally accessible, exceeding requirements for the Americans with Disabilities Act, and are suitable for integrating into non-disability-specific and provider-owned homes, significantly increasing the number of accessible housing units available in Maine, in line with the Home and Community-Based Services (HCBS) federal regulations.

#### Goals and Expected Outcomes

1. Enhancing Family Unity: Facilitate individuals staying with or returning to their families by adapting homes to meet their accessibility needs.
2. Stabilizing Housing: Provide adaptable living spaces that accommodate changing mobility needs, reducing the necessity for disruptive relocations.
3. Diversifying Housing Choices: Increase the range of accessible living options for individuals with disabilities, offering more independence within their communities.

#### Sustainable Benefits

1. Community Integration: Promote the ability of individuals with disabilities to live within their communities, strengthening social connections and decreasing isolation.
2. Scalable Model: Present a model for other states and regions, demonstrating Maine's commitment to innovative and inclusive housing solutions.
3. Flexible Placement Options: Create a housing option suited for an individual's needs that can travel with them if a life circumstance requires them to move elsewhere in the state, such as a change in care needs or providers.

This initiative, Accessible Home Attachments for Independent Living, aims to significantly impact these individuals' lives, mainly focusing on those with Developmental Disabilities and Brain Injuries.

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

CMS approved WheelPad as the Provider to receive funding for this service tied to Section 9817-FMAP Project # 201.12. There is no other manufactory on the Eastern Seaboard that produces ready-made mobile units that connect to existing homes.

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

**PART III: SUPPLEMENTAL INFORMATION**

The Initial Payment of Seven Hundred and Forty-Six Thousand and Eight Hundred Dollars (\$746,800) will allow the Provider to procure the materials and begin manufacturing the ten (10) modules.

The Second Payment of Three Hundred and Seventy-Five Thousand Two Hundred Dollars (\$355,200) will be provided upon proof of completion of three (3) modules, and support in research for zoning regulations and application assistance for required permits for the modules.

The Third and Final Payment of Twenty Thousand Dollars (\$20,000) will be provided in conjunction with the receipts of the permits required for installation of the Units or if not all locations are known, prior to delivery of any of the ten (10) Modules.

The Department seeks to purchase ten (10) standard WheelPad SuitePAD units, including standard siding and trailer, and up to five (5) modular connectors. Department understands that not all homes may be suitable for use with a modular connector, and a site-built connector may be necessary, and the final deposit of the contract will be adjusted accordingly for the purchase of the exact number of modular connectors provided.

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

The Department does not intend to RFP as it is a one-time unique service.

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

Does this request utilize ARPA/MJRP funds?

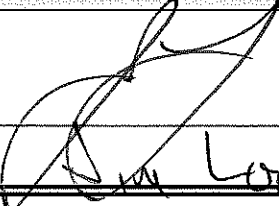

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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:	David Morris	Date:	22 Apr - 24
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	David Morris	Date:	5/3/2024

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