# PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

		P	ART I: OVERV	IEW	
Department C	Office/Division	/Program:	DHHS/OBH/I	Nicholas Farrand (PM)	/ Kristen King (PA)
Department Contract Administrator or Grant Coordinator:		Althea Harris / Lyndsay Frank			
(If applicable) De	epartment Re	ference #:	MHC-24-700	D	
		\$92,815.26 \$8,645,461.47	Advantage CT / RQS #:	CT-10A- 202306050000000 03530	
CONTRACT	Proposed Start Date:			Proposed End Date:	
AMENDMENT	Original Start Date:		7/1/2023	Effective Date:	1/1/2025
AMENDMENT	Previous End Date:		6/30/2025	New End Date:	N/A
CDANT	Project Start Date:			Grant Start Date:	
GRANT	Project End Date:			Grant End Date:	
Vendor/Provider/Grantee Name,		THE OPPORTUNITY ALLIANCE,			
City, State:		SOUTH PORTLAND, ME			
Brief Description of Goods/Services/Grant:		Crisis Stabilization - MHS			

	PART II: JUSTIFICATION FOR VENDOR SELECTION					
Check the box below for the justification(s) that applies to this request. (Check all that apply.)						
	A. Competitive Process		G. Grant			
$\boxtimes$	B. Amendment		H. State Statute/Agency Directed			
	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	×	L. Other Authorization – RFP Extended			

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.

The purpose of this amendment is to allow 988LC grant funding to be moved from FY24 to FY25 in a one-time approved grant carryforward request.

This agreement provides <u>Crisis Telephone Response</u>.

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

These services were competitively bid under RFP 201506113 (1 award). The renewal periods are as follows:

#### 201506113 - 1 Statewide award MHC-XX-700

Initial Stort Date*	4/1/2018	Initial End Date*	3/31/2019
Renewal 1 Start Date	4/1/2019	Renewal 1 End Date	6/30/2020
Renewal 2 Start Date	7/1/2020	Renewal 2 End Date	6/30/2021
Renewal 3 Start Date	7/1/2021	Renewal 3 End Date	6/30/2022
Renewal 4 Start Date	7/1/2022	Renewal 4 End Date	6/30/2023
Renewal 5 Start Date	7/1/2023	Renewal 5 End Date	6/30/2024

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

Based on utilization, provider is allocated ancillary funding based on costs that are outlined in the Rider A.

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

The Department is currently restructuring/conducting a service reform of its Crisis Services. Once the restructure/reform is finalized, the Department will issue an RFP telephone services. The RFP for Crisis Stabilization is expected to be finalized by 7/1/2026.

## 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)
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☐ Yes, A	ARPA fi	unds (025)	<ul><li>If Yes,</li></ul>	please	be aware	of the	requirements	from	awarding	federal
agencies	S.									

☑ No – If No, proceed to Part V.

### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <u>Title 5</u>, §18 and §18-A, in harmony with MRS <u>Title 17</u>, §3104.

☑ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS		
The signatures below indicate a	approval of this procurement req	juest.
Signature of requesting Department's Commissioner (or designee):	44	
Typed Name:	I'm Cupatists	Date 22 - ADC-25
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette  4102BA36FAF44CD	
Typed Name:	Kathy Paquette	<b>Date:</b> 5/5/2025