

**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/Emergency Transitional Housing		
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Patricia Wall		
(If applicable) Department Reference #:		See Attached Listing		
Amount: (Contract/Amendment/Grant)	\$ See Attached Listing	Advantage CT / RQS #:	See Attached Listing	
CONTRACT	Proposed Start Date:	07/01/2022	Proposed End Date:	06/30/2023
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:		Granite Bay Care Concord, New Hampshire		
Brief Description of Goods/Services/Grant:		State-funded Home Support – Emergency Transitional Housing		

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.	

PART III: SUPPLEMENTAL INFORMATION

The need for these services is unpredictable and urgent when it occurs. Provider is expected to begin delivery of these services within 24 hours after referral of a consumer to the Provider by the Department. The need for these services for each referred consumer is expected to be temporary; until they are no longer needed by the consumer or a permanent placement of the consumer is made.

Provider shall provide Home Support Services to eligible consumers as directed by the Department, in accordance with the consumers' Person-Centered Plans, and applicable provisions within 10-144 C.M.R. ch. 101, ch. II, § 21 – Home Support – Agency Per Diem.

The purpose of this Contract is to provide State-funded Home Support services to consumers as specified by the Department. The provided services are characterized as "Emergency Transitional Housing Services".

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

The Department, Office of Aging and Disability Services, has determined that this Provider is willing and qualified to provide the State-funded Home Support services characterized as "Emergency Transitional Housing Services". The Provider can begin delivery of these services within 24 hours after referral of a consumer to the Provider by the Department on a temporary basis until they are no longer needed by the consumer or a permanent placement of the consumer is made.

This Provider is fully qualified to provide Home Support Services to eligible consumers in accordance with the consumers' Person-Centered Plans and the applicable provisions of 10-144 C.M.R. ch. 101, ch. II § 21.

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

The cost of the service shall be the Agency Home Support rate specified in 10-144 C.M.R. ch. 101, ch. III, § 21, Appendix I.

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

The Department does not intend to issue an RFP for these services because any willing and qualified provider can provide them at the Agency Home Support rate specified in 10-144 C.M.R. ch. 101, ch. III, § 21, Appendix I.

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

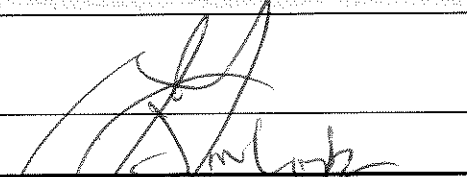
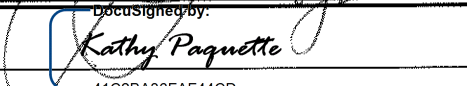
Does this request utilize ARPA/MJRP funds?

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):			Date:	25 July 22
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	6/8/2022
Typed Name:	41C2BA36FAF44CD... Kathy Paquette		Date:	

DHHS Office: Office of Aging and Disability
Service: Emergency Transitional
 Housing
Start Date: 7/1/2022

Vendor/Provider Name, City & State	DHHS Agreement #	Total Contract Amount
Granite Bay Care, Inc. 64 B Old Suncook Road Concord, NH 03301	ADS-23-1551 CT 10A 20220307**2018	\$400,000.00
Support Solutions, Inc. 99 Danville Corner Road Auburn, ME 04210	ADS-23-3553 CT 10A 20220307**2019	\$300,000.00
TOTAL	2	\$700,000.00