

**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 Commissioner's Office -	
Department Contract Administrator or Grant Coordinator:		Nancy Tan & Jennifer Levesque	
(If applicable) Department Reference #:		COM-22-0630	
Amount: (Contract/Amendment/Grant)	150,000.00	Advantage CT / RQS #:	20220616000000003408
CONTRACT	Proposed Start Date:	05/01/2022	Proposed End Date: 06/30/2022
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:		Maine Immigrants' Right Coalition	
Brief Description of Goods/Services/Grant:		Public health emergency transitional case management services.	

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 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.

The purpose of this agreement is to provide funding for public health emergency transitional case management services for those in need. These funds will be used to support case management services for individuals currently in hotels or other temporary housing, including, but not limited to asylum seeker families in Southern Maine. The response should be linguistically and culturally appropriate.

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

MIRC is a unique, statewide network of 85 organizations, a majority of which are led by people of color, representing diverse ethnic communities across our state. The Provider is the recognized coordinator for asylum seekers by the municipal leaders, ethnic community-based organizations (ECBOs), other supporting organizations and newly arriving asylum seekers, themselves. MIRC has played this critical role for many years and as such, has established trusted relationships with ECBOs who have the linguistic and cultural capacity to support the resettlement effort. MIRC has served as the coordinating body for ethnic based response efforts during the pandemic which makes them the logical choice to support the current asylum seeker resettlement effort particularly as the City of Portland steps back from offering support to any asylum seekers arriving post May 5, 2022. No other organization within Cumberland County can offer the kind of reach and coordinating experience within the immigrant and refugee community.

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

Based on service needs for newly arrived asylum seekers, the Department has determined that \$150K is fair and reasonable for the period of May 1, 2022 through June 30, 2022. The Department has reviewed the provider's budget for reasonable and allowable expenditures.

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

This is a pilot program that the department is implementing to assist newly arrived asylum seekers services. Based on the outcome, the department will determine if there are other providers in different county's that can provide the service. The Department does not intend to competitively procure these services

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

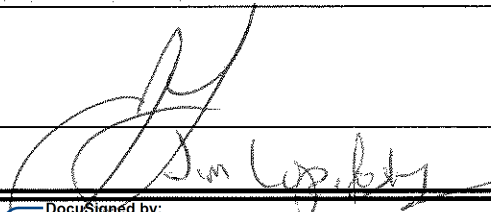
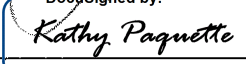
Does this request utilize ARPA/MJRP funds?

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:		Date:	22-Jun-22
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	6/24/2022

