

Agreement Number	Agreement Amount	Service Group	Vendor Name
MH1-24-206	\$ 213,300.00	Rental Subsidies	SHALOM HOUSE INC
MH2-24-2011	\$ 148,707.00	Rental Subsidies	KENNEBEC BEHAVIORAL HEALTH
MH2-24-213	\$ 63,558.00	Rental Subsidies	AREA IV MENTAL HLTH COALITION
MH2-24-515	\$ 101,491.00	Rental Subsidies	COMMUNITY HOUSING OF MAINE INC
MH2-24-531	\$ 103,584.00	Rental Subsidies	COMMUNITY CONCEPTS DEVELOPMENT CORP
MH3-24-300	\$ 216,572.00	Rental Subsidies	AROOSTOOK MENTAL HLTH SERV INC
MH3-24-304	\$ 150,137.00	Rental Subsidies	MAINE MENTAL HLTH CONNECTIONS

MISA



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

Table with 5 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount: (Contract/Amendment/Grant), Advantage CT / RQS #, CONTRACT, Proposed Start Date, Proposed End Date, 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, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

Table with 2 columns of justification options: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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.

According to the Nation Low Income Housing Coalition, In Maine 96.1% of a person's Social Security Income standard monthly payment is needed to pay for the average one-bedroom apartment. Rental assistance is designed to assist individuals with severe and persistent mental illness with their housing costs in permanent or transitional housing settings in the community.

Paragraph 93 of the Bates Consent Decree, shall fund, develop, recruit and support a variety of housing options, which can accommodate varying levels of supportive assistance to clients, according to their individual needs. Some class members will live independently in their own homes.

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

This service is client-driven by individual choice. DHHS, Office of Behavioral Health have determined that these providers are willing and qualified to provide this service. The providers have a long-standing history and ability to relate and maintain relations with the target group to be served. The Department partnered with the providers to provide this subsidy and to utilize funds in units specifically with the MaineCare Benefits Manual Section 17 eligible tenants in buildings funded, in part, by Maine State Housing Authority (MSHA) as part of the consent decree agreement. The provider owns or has contracted use of the facilities/buildings subsidized by these funds.

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

Fair and reasonable costs are determined by the US Department of Housing and Urban Development's (HUD) Fair Market Rents(FMR). These are revised annually in October and are adhered to by the Rental Assistance programs administered by OBH.

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

The Department does not plan on competitively procuring this service.

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

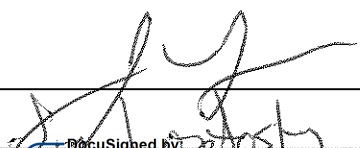

Does this request utilize ARPA/MJRP funds?

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:		Date:	15 - June -23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/22/2023