

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/OBH/Stephanie Kallio/Stephanie Kadnar			
Department Contract Administrator or Grant Coordinator:	Nancy Tan/Debbie Weston			
(If applicable) Department Reference #:	OSA-21-600			
Estimated Contract or Grant Amount:	\$84,000.00	Advantage CT / RQS #:	CT 10A 20200513*3245	
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date:	6/30/2021
AMENDMENT	Original Start Date:		New Start Date:	
	Original End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	The Opportunity Alliance (TOA)			
Brief Description of Goods/Services/Grant:	Case Management			

PART II: JUSTIFICATION FOR VENDOR SELECTION				
Mark an "X" before the justification(s) that applies to this request.				
	A. Competitive Process		G. Grant	
	B. Amendment		H. State Statute/Agency Directed	
X	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	

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>The purpose of this agreement is to offer a parent coaching program to parents and families through Northern Light Mercy Hospital's McAuley Residence, a comprehensive transitional housing program for women who are in recovery from drug and alcohol dependency. This program is to assist families in reunification with their children. A parent coach assists parents in creating parental goals and plans and then supports parents as they put this plan into practice. The parent coaches will be provided by The Opportunity Alliance who will be working onsite with the women and their families.</p>

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PART III: SUPPLEMENTAL QUESTIONS

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The provider is a licensed behavioral health organization with the breadth and depth to provide this specific service. They employ qualified licensed practitioners and they have been the sole provider of this parent coaching program with the women at McCauley residence.

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

The rate is the Department negotiated rate with TOA and includes staff time to deliver and document the service.

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

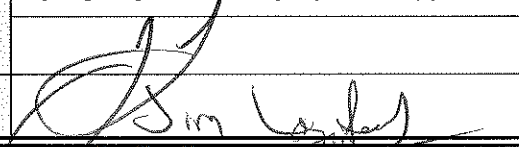
The Department does not intend to competitively procure these services.

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.

Printed Name:



Date:

3-20-20

**Signature of DAFS
Procurement Official:**

DocuSigned by:

Kathy Paquette

Printed Name:

41C2BA36FAF44CD...
Kathy Paquette

Date:

7/6/2020