

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/ Office of Child and Family Services			
Department Contract Administrator or Grant Coordinator:	Chris Moiles/Lisa Munster			
(If applicable) Department Reference #:	CFS-21-8315			
Amount: (Contract/Amendment/Grant)	\$ 386,793.00	Advantage CT / RQS #:		
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date:	6/30/2021
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:	New Beginnings, Inc., Lewiston, Maine			
Brief Description of Goods/Services/Grant:	Drop-in Center, Outreach services, and Shelter services for Youth experiencing Homelessness/Youth at risk of becoming Homeless Youth/Runaways who are not receiving services and basic needs supports.			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	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 INFORMATION
Please respond to ALL of the following:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

This service provides community support and outreach for youth experiencing homelessness. The services engage homeless Youth and their families who are receiving services or basic survival supports for the purposes of informing individuals of resources, providing temporary safe places to reside, re-establishing relationships with families and/or communities, access to local resources or systems of care, and obtaining or developing skills needed for independent adulthood.

This service is vitally important to identify youth who are experiencing homelessness, to assist them either directly or through referrals with the end goal of achieving a sustainable housing and support.

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

The current Provider was selected through a competitive bidding process in RFP 210205315. RFP #201610194 was published, which included these services, yet failed to result in awarded contracts due to the cancellation of the RFP. RFP #2107023, currently in DCM review, has been delayed, per the Commissioner's office, due to multiple concerns from the current providers regarding the timeline for the proposals due, given the current direct service response related to COVID-19. DCM has approved an extension to 7/1/2021 for the current service group contracts to allow for uninterrupted service delivery during the COVID-19 emergency.

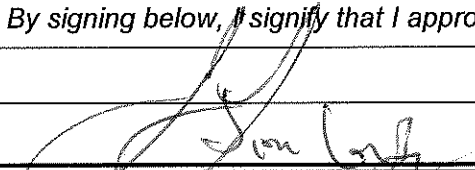
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The current Provider was selected through a competitive bidding process in RFP 210205315. The funding has increased by 10% over time, due to increased service delivery from 2013 to present.

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

This service will be incorporated into the Youth Homelessness Continuum of Care RFP with a contract start of date of 7/1/21.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	Jul 9-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	7/23/2020