

## State of Maine Procurement Justification Form

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Virginia Dill & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Kristen King	
(If applicable) Department Reference #:		Multiple, see attached list	
Estimated Contract or Grant Amount:	\$997,349.00	Advantage CT / RQS #:	Multiple, see attached list
ALL OTHER	Proposed Start Date:	7/1/21	Proposed End Date: 6/30/23
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:		Multiple, see attached list	
Brief Description of Goods/Services/Grant:		Rental Subsidies	

### PART II: JUSTIFICATION FOR VENDOR SELECTION

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

<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

### 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.**

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.

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

DHHS, The Office of Behavioral Health Services has determined that this provider is willing and qualified to provide this service. This service is client-driven by individual choice. The 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.

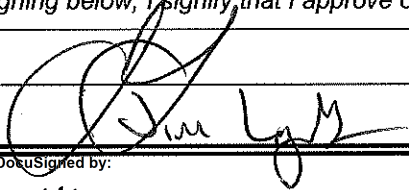
### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Fair and reasonable costs are determined by the US Department of Housing and Urban Development's (HUD) Fair Market Rents. 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 intend to RFP these willing and qualified services.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	28-Jun-21
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>David Morris</i>		
<b>Printed Name:</b>	2A644AF5681F482... DAVID MORRIS	<b>Date:</b>	7/19/2021

## State of Maine Procurement Justification Form

Office: **Office of Behavioral Health**

Service Group: **Rental Subsidies**

Service Group Total: **\$997,349.00**

No. of Vendors: **7**

Agreement Number	Vendor Name	AdvantageME CT #	Agreement Amount
MH1-22-206	SHALOM HOUSE INC	10A 20210512*3203	\$ 213,300.00
MH2-22-2011	KENNEBEC BEHAVIORAL HEALTH	10A 20210512*3204	\$ 148,707.00
MH2-22-213	AREA IV MENTAL HLTH COALITION	10A 20210512*3205	\$ 63,558.00
MH2-22-515	COMMUNITY HOUSING OF MAINE INC	10A 20210512*3206	\$ 101,491.00
MH2-22-530	AVESTA	10A 20210512*3207	\$ 103,584.00
MH3-22-300	AROOSTOOK MENTAL HLTH SERV INC	10A 20210512*3208	\$ 216,572.00
MH3-22-304	MAINE MENTAL HLTH CONNECTIONS	10A 20210512*3210	\$ 150,137.00
<b>Service Group Total:</b>			<b>\$ 997,349.00</b>