

**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:		MCDCP / TSUPC		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melanie Boucher		
(If applicable) Department Reference #:		CD0-22-4454		
Amount: (Contract/Amendment/Grant)	\$ 71,945.00	Advantage CT / RQS #:	CT 10A 20220601000000003154	
CONTRACT	Proposed Start Date:	May 1, 2022	Proposed End Date:	April 30, 2023
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:		Gateway Community Services Maine (GCSM) Portland, ME		
Brief Description of Goods/Services/Grant:		GCSM's Community Youth Coalition to provide peer-to-peer support, workshops, and webinars that address the importance of self-care, mental health, stress management, and academic success among new immigrants and Black, Indigenous, and People of Color (BIPOC) communities.		

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.

Formerly the COVID-19 Youth Coalition, Gateway Community Services Maine originally developed youth led Coalitions in Lewiston and Portland, to help their communities deal with the challenges of COVID-19. This funding will support the Coalition in expanding the topics they are discussing in their communities to include youth mental health. Mental health topics include, but are not limited to: self-care, stress management, community connectedness, and academic success.

New immigrant and BIPOC youth experience significant barriers to accessing mental health services and supports. This agreement will allow the State to provide suicide prevention to this particular population. Data has shown this population has been impacted more severely by COVID-19 and mental health challenges.

Youth-specific suicide prevention messaging is most effective when it is developed and delivered by adults and peers who are seen as trusted and culturally competent. The Garret Lee Smith Youth Suicide Prevention Grant (the funding source for this agreement) is focused on enhancing mental health resiliency for youth, including stress management, who to talk to if you're feeling sad, how to stay connected with others, and what community resources are available.

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

Gateway Community Services is an organization that was created in response to the growing needs for support around COVID-19. This is a unique organization that focuses on supporting new immigrants and Black, Indigenous, and Persons of Color (BIPOC) community members, and delivering services in a culturally competent way. This vendor has an existing Youth Coalition, which offers an opportunity to both provide professional development and skill building to the youth who are a part of the Coalition and gives the Department an opportunity to serve a population that often slips through the cracks of our other work/services.

The funding for this agreement is one-time, limited, carryover funds. The existing infrastructure offered by this vendor will allow the Department to implement activities immediately and maximize the services offered..

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

The Department is using one-time limited carryover funding to support the scope of work offered by Gateway Community Services. This funding is appropriate to the activities to be provided by the vendor in this timeframe.

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

This is a one-time, short-term agreement. There is currently no plan to renew these services past this agreement period.

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

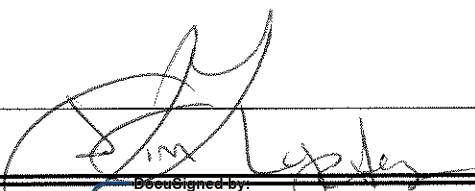
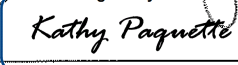
Does this request utilize ARPA/MJRP funds?

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:	21-JUN-22
Signature of DAFS Procurement Official:	<small>Signed by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	7/26/2022