



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:		DHHS/OADS Derek Fales / Lori Harding			
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall			
(If applicable) Department Reference #:		ADS-24-9801			
Amount: (Contract/Amendment/Grant)		\$10,000.00	Advantage CT / RQS #:		CT 10A 20230411 ** 2660
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	6/30/2025	
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:		Flatrock Inc. Flint, Michigan			
Brief Description of Goods/Services/Grant:		Reimbursement of costs for damages by MaineCare members			

PART II: JUSTIFICATION FOR VENDOR SELECTION

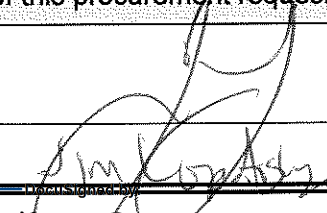

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

<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.	<p>This contract is to provide reimbursement for facility damages beyond normal wear and tear that happen during the time MaineCare members receive services in the provider's MaineCare enrolled service location.</p> <p>This provider is based in Michigan, but registered as a MaineCare provider because of the specialized services they provide that are not otherwise available in Maine. Michigan county governments pay for damages caused by their citizens when receiving services from this provider. Given that Maine is having several citizens served at this facility, Maine would be required to cover any damages that may result in the same manner that Michigan county governments would.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The Provider is the only provider who has agreed to care for these clients. OADS was unable to find a provider to meet the needs of these clients in Maine.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The total of this contract represents a ceiling amount, covering the possible facility damages that could result from serving several Maine citizens / MaineCare members at this facility. It is possible that zero damages result from these services, but a payment mechanism is nonetheless needed to cover the possibility of damages.</p>
4. Describe the plan for future competition for the goods or services.	<p>This is a sole source/unique vendor therefore no RFP is expected.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):		Date:	21-Jun-23
Typed Name:			
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	7/11/2023