



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

**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/Stephanie Kadnar/Corinna O’Leary	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell	
(If applicable) Department Reference #:		OSA-25-343	
Amount: (Contract/Amendment/Grant)	\$1,014,064.00	Advantage CT / RQS #:	CT 10A 2024032200000002573
<b>CONTRACT</b>	Proposed Start Date:	<b>7/1/2024</b>	Proposed End Date: <b>6/30/2026</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Penobscot Community Health Center Bangor, Maine	
Brief Description of Goods/Services/Grant:		Residential Emergency Shelter	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
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 agreement provides residential shelter services for homeless individuals with a substance use disorder, including those who are actively intoxicated. The purpose of this agreement is to protect and maintain life and to provide motivation for alcohol and drug treatment. In addition to providing food, shelter and clothing, the shelter program refers individuals to detoxification or other suitable treatment, to self-help groups, and to healthcare and psychiatric services. The mission is to ensure safety and promote recovery from addiction and other factors that lead to homelessness. Penobscot Community Health Care is committed to implementing evidenced based best practice work in operating the shelter, consistent with their work utilizing an Integrated Health Care Model.</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 unique in that it is not only a homeless shelter, but is a shelter program that is able to accept individuals with a substance use disorder, including intoxicated individuals and motivate them to seek treatment for substance abuse, mental health, and physical health conditions. The Provider is the only shelter of this type in the greater Bangor area.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Costs are consistent with historical costs needed to run this specialized program for at least the previous 5 years. Costs reflect 2 years of the following associated expenses; salaries and fringe, utilities, technology, maintenance, materials, food, travel, etc.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to RFP these services.</p>

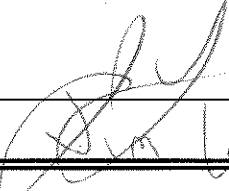
<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

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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:	<i>David Morris</i>	Date:	<i>18-Aug-24</i>
Signature of DAFS Procurement Official:	DocuSigned by: <i>David Morris</i> <small>2A644AE5681E482</small>		
Typed Name:	David Morris	Date:	8/23/2024

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