

## State of Maine Procurement Justification Form

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/ Mike Freysinger & Cameron Bailey	
Department Contract Administrator or Grant Coordinator:		Lisa Munster & Nancy Tan	
(If applicable) Department Reference #:		OSA-22-790	
Amount: (Contract/Amendment/Grant)	\$ 50,000	Advantage CT / RQS #:	10A 20210528000000003477
CONTRACT	Proposed Start Date:	8/1/2021	Proposed End Date: 7/31/2022
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:		Save a Life Inc. PO Box 12 Lincoln, ME 04457	
Brief Description of Goods/Services/Grant:		Community Center	

### 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 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 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.**

There continues to be an increased need for treatment options within the State. In accordance to the Governor's Executive Order; "An Order To Implement Immediate Responses To Maine's Opioid Epidemic" dated February 6th, 2019. Community Centers provide a safe and welcoming space where individuals going through recovery can gain skills and support essential to promoting success.

The purpose of this Agreement is to establish new Pilot Program of Community Centers to coordinate and run Peer Support programs to help persons in Recovery from drug addiction. The Center will accomplish the following activities:

- Individual mentoring and coaching

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## PART III: SUPPLEMENTAL INFORMATION

- Provide assistance with access to employment services
- Hold or provide access to Facilitated Groups for participants and affected others.

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

DHHS, Office of Behavioral Health had determined that this provider is willing & qualified to provide this service as they are the only provider capable of doing so within this region of the state. This geographic part of Maine is significantly lacking resources and quality entities to combat the opioid crisis it faces. This will allow a space for individuals fighting for their recovery to gather local resources and help. It will provide the only safe space these individuals can go to obtain the skills and support needed to guide and progress them through their recovery.

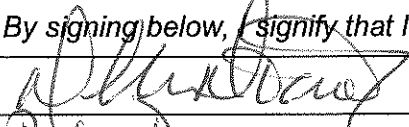
### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost was determined based on necessity of funding for this residence, staff and resources in order to provide Community Center Services. Costs includes rent, consultation, utilities, various supplies, salaries and other needed expenses to help support and promote a safe space for recovery.

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

The Department does not intend to RFP these services that are open to any willing and qualified vendor.

## 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>	<i>Debra Dore</i>	<b>Date:</b>	<i>7/19/2021</i>
<b>Signature of DAFS Procurement Official:</b>	<i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	9/2/2021