

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		OADS/ Aging Services/ CNCS Volunteer Programs – Ingrid Diamond	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque & Nancy Tan	
(If applicable) Department Reference #:		ADS-22-2632	
Amount: (Contract/Amendment/Grant)	\$ 28,680.00	Advantage CT / RQS #:	10A-20210503000000003016
CONTRACT	Proposed Start Date:	07/01/21	Proposed End Date: 06/30/23
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:		Catholic Charities Maine, Portland, ME	
Brief Description of Goods/Services/Grant:		Volunteer Program (RSVP)	

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.

AmeriCorps is a voluntary civil society program supported by the U.S. federal government, foundations, corporations, and other donors that engages adults in public service work with a goal of "helping others and meeting critical needs in the community." AmeriCorps Seniors helps meet the needs and challenges of America's communities by connecting persons fifty-five (55) and older to service opportunities through the following programs: Foster Grandparents, RSVP, and Senior Companions. AmeriCorps Seniors programs include RSVP, Foster Grandparents and Senior Companions. See: <https://americorps.gov/serve/americorps-seniors>.

Through a legislatively authorized annual State General Fund allocation, OADS contracts funds to CNCS program providers in Maine to support AmeriCorps Seniors program administration and to expand volunteer opportunities for adults age 55 and older in Maine. These funds help meet program administration and volunteer activities expansion costs not allowed or covered by federal CNCS grant funds received directly by the provider agencies.

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PART III: SUPPLEMENTAL INFORMATION

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

The Office of Aging and Disability Services has determined that those providing AmeriCorps Seniors funded programs, noted above, in Maine are eligible to receive this funding. This provider provides a federally funded Corporation for National and Community Service Senior Corps volunteer program, Retired and Senior Volunteer Program (RSVP).

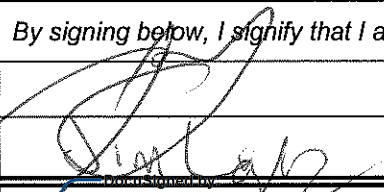
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The establishment of General Funds for the Senior Volunteer Program occurred with the 1999-2001 General Fund appropriation and has been a part of the baseline budget going forward. It stipulates that the money is to be awarded in equal share by program to agencies in Maine who administer federally funded Corporation for National and Community Service Senior Corps (now known as AmeriCorps Seniors) volunteer programs, specifically, Foster Grandparents, Senior Companion, and RSVP.

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

The Department does not intend to issue an RFP for these services.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	21.11.21
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	Kathy Paquette	Date:	9/9/2021