

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Mike Freysinger	
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Jeanne Garza	
(If applicable) Department Reference #:		OSA-22-770	
Amount: (Contract/Amendment/Grant)	\$ 50,000	Advantage CT / RQS #:	20210616000000003732
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:		Larry Labonte Recovery Center Rumford, ME 04276	
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.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		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
- Provide assistance with access to employment services
- Hold or provide access to Facilitated Groups for participants and affected others.

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PART III: SUPPLEMENTAL INFORMATION

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.

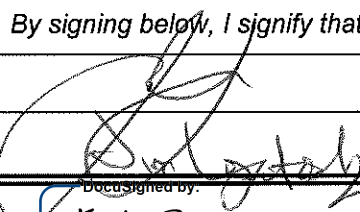
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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

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:	16 July -21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	9/9/2021