

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	Division of Juvenile Division		
Department Contract Administrator or Grant Coordinator:	Sonja Morse		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$186,000	Advantage CT / RQS #:	CT 03A 2021050500000003065
CONTRACT	Proposed Start Date:	October 1 <sup>st</sup> , 2021	Proposed End Date: June 30 <sup>th</sup> , 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:	The Opportunity Alliance 50 Lydia Lane, South Portland, Maine 04106		
Brief Description of Goods/Services/Grant:	Hi-Fidelity Wraparound Services		

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
<b>X</b>	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		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:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
The Department has critical needs in each region and for youth coming out of Long Creek, to receive wraparound facilitation, individual planning funds (direct and indirect supports), and continue case management supervision. These services are critical for delivering positive youth outcomes and decreasing recidivism rates statewide.

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## PART III: SUPPLEMENTAL INFORMATION

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

Opportunity Alliance is one of two capable providers who offer this service. The other, Wings, is located in the northern part of the state (Region 3) and not capable of serving youth in Region 1 and parts of Region 2. Opportunity Alliance is uniquely qualified to provide these services given their experience with DOC and executing the services, as well as their geographic location related to the departments specific need. The provider is uniquely positioned to administered Flex Fund Dollars through the Regional Community Care Teams, which reviews youth reentering the community from secure confinement, due to policies and procedures already in place and mechanisms to administer flex fund dollars.


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

The requested value is based on the current hourly rate for services plus indirect cost rates multiplied by the average number of youth served over the last 24 months. This forecasted cost is comparable to the current per client rate of the existing DOC and Opportunity Alliance Wrap services contract.

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

The provider is one of two providers in the state that can provide this service. If more providers can provide this service in the future, an RFP will be issued.

## 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>	Colin O'Neill	<b>Date:</b>	9/15/21
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>William J.E. Allen</i>		
<b>Printed Name:</b>	<small>2D5B6E39F57E44A...</small> William J.E. Allen	<b>Date:</b>	9/14/2021

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