



**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 - Commissioner's Office		
Department Contract Administrator or Grant Coordinator:		Brienne Carrero		
(If applicable) Department Reference #:		Multiple (See attached)		
Amount: (Contract/Amendment/Grant)		Service Group: \$550,000.00	Advantage CT / RQS #:	Multiple (See attached)
CONTRACT	Proposed Start Date:	07/01/2022	Proposed End Date:	06/30/2023
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:		Multiple (See attached)		
Brief Description of Goods/Services/Grant:		Public health emergency transitional case management services		

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 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.

### PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The purpose of this agreement is to provide funding for public health emergency transitional case management services for those in need as Federal COVID-19-related funding expires. These funds will be used to support case management services for individuals currently in hotels or other temporary housing, including, but not limited to asylum seeker families in Southern Maine. The response should be linguistically and culturally appropriate.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

These Providers are recognized coordinator for asylum seekers by the municipal leaders, ethnic community-based organizations (ECBOs), other supporting organizations, and newly arriving asylum seekers, themselves. MIRC, MIERS, and Penquis have played this critical role for many years and as such, have established trusted relationships with ECBOs who have the linguistic and cultural capacity to support the resettlement effort. MIRC, MIERS, and Penquis have served as the coordinating body for ethnic-based response efforts during the pandemic which makes them the logical choice to support the current asylum seeker resettlement effort, particularly in the City of Portland, Lewiston, and Penobscot County.

MIRC- The only provider within Cumberland County

MIERS- The only provider within Androscoggin

Penquis- The only Provider within Penobscot County providing these services to newly arriving asylum seekers.

No other organization within Cumberland, Androscoggin, and Penobscot County can offer the kind of reach and coordinating experience within the immigrant and refugee community.

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

Based on service needs for newly arrived asylum seekers, the Department has determined that the cost are is fair and reasonable for the period of July 1, 2022, through June 30, 2023.

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

This is a pilot program that the department is implementing to assist newly arrived asylum seekers services. Based on the outcome, the department will determine if there are other providers in different county's that can provide the service. The Department does not intend to competitively procure these services

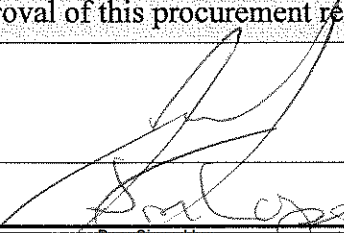

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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:		Date:	24 - Aug - 22
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	9/2/2022

DHHS Office: Commissioner Office  
 Service Group: Case Management

Vendor Name	Agreement #	CT 10A	Start Date	End Date	Agreement Amount
MAINE IMMIGRANTS RIGHTS COALITION	COM-23-0701	20220711000000000085	7/1/2022	6/30/2023	\$350,000.00
MAINE IMMIGRANT REFUGEE SERVICES	COM-23-0702	20220711000000000086	7/1/2022	6/30/2023	\$110,000.00
PENQUIS CAP INC	COM-23-0703	20220711000000000087	7/1/2022	6/30/2023	\$ 90,000.00