



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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/ OBH/ Brianne Masselli, Theresa Witham		
Department Contract Administrator or Grant Coordinator:		Althea Harris/ Brianne Carrero		
(If applicable) Department Reference #:		MH1-22-3021		
Amount: (Contract/Amendment/Grant)		\$ 178,903.80	Advantage CT / RQS #:	RQS 10A 20220816000000000239
CONTRACT	Proposed Start Date:	03/01/2022	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:		Venous Technologies, Inc. Los Angeles, CA		
Brief Description of Goods/Services/Grant:		COVID Mitigation and testing supplies and equipment to distribute to Homeless Youth Services Providers, PNMI's and crisis services providers.		
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 type="checkbox"/>	J. Willing and Qualified	
<input checked="" type="checkbox"/>	E. Emergency (COVID Outbreak)	<input type="checkbox"/>	K. Client Choice	
<input type="checkbox"/>	F. University Cooperative Project	<input checked="" type="checkbox"/>	L. Other Authorization – COVID 19	

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.

Office of Behavioral Health (OBH) intends to use the supplemental COVID-19 Mitigation funding from SAMHSA to support purchasing rapid test kits to be distributed to the crisis residential units and our PMNI congregate care settings in coordination with Maine CDC's testing strategy. The funds will expand an existing COVID-response program, provide the necessary resources to keep staff and residents across the system healthy and safe, and ensure that the services infrastructure remain open and available to all who need it most during these stressful times.

OBH and Children's Behavioral Health Services (CBHS) are purchasing disposable gloves, N95 respirators, face masks, Covid tests, HEPA filters and Carbon Filters to provide to Youth Homeless providers (3) as part of their response to the COVID-19 Pandemic.

OBH and CBHS have been able to obtain Gowns, Face Shields, disinfectant wipes and hand sanitizer from the DAFS Central Warehouse, as well as CDC. Due to the products being in high demand, supplies have been severely limited. Due to the emergent status of the situation, as well as the Omicron (more contagious) variant, we would like to proceed with the purchase as soon as possible.

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

This vendor was selected based on recommendation from Maine CDC. This vendor was able to procure and deliver Personal Protective Equipment (PPE) in a timely manner during the initial COVID-19 response where other vendors could not. This vendor can also provide exact details of where the product is manufactured and exact fabrication specification of the product they offer. This minimizes the risk for fraudulent product being sold to the State.

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

Funding is provided for these items only and is a one-time purchase available through ARP Block Grant funds.

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

This is a one-time funding to purchase PPE, testing and Covid Mitigation supplies and provide them to Youth Homeless Service Providers, crisis services providers and PNMI's. The recommendation for utilizing the funds in this manner was directly from the SAMHSA MHBG Project Officer, and the NOA is clear that this funding is only to purchase the items as described above.

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

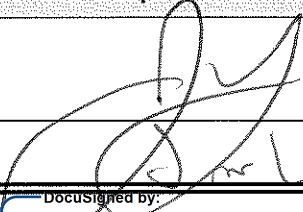
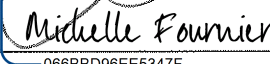
Does this request utilize ARPA/MJRP funds?

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:	31-Aug-22
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	066BBD96EE5347F... Michelle Fournier	Date:	9/22/2022