

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHS/OADS/Aging & LTC			
Department Contract Administrator or Grant Coordinator:		Lisa Munster & Nancy Tan			
(If applicable) Department Reference #:		ADS-21-9301			
Amount: (Contract/Amendment/Grant)	\$13,531.00	Advantage CT / RQS #:	10A 2020072*218		
CONTRACT	Proposed Start Date:	9/1/2020	Proposed End Date:	10/31/2020	
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:		University of Maine System dba University of Southern Maine VC1000093502			
Brief Description of Goods/Services/Grant:		Conduct a Focus Group with older Mainers who are African-American			

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
X	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:

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

The OAA includes a focus on older adults with greatest and economic need, with particular attention to low-income minority individuals and older individuals residing in rural areas. The intent of this agreement is to conduct a focus group to hear directly from older Mainers who are African-American about their attitudes, feelings, beliefs, and experiences of living and aging in Maine. This focus group will seek input from older Mainers who are African-American (including older adults, and based on the direction of OADS, caregivers or younger adults with disabilities). Potential discussion topics include access to and quality of healthcare and other needed services, feelings of safety, community inclusion, the negative impacts of racism and prejudicial discrimination, and thoughts on how the State and its network of aging services providers can better support older African-American Mainers to live healthy, secure, and engaged lives.

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PART III: SUPPLEMENTAL INFORMATION

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

This Provider is uniquely qualified to provide these services at this time.

Earlier this year, the Muskie School of Public Service submitted a report to the Maine Office of Aging and Disability Services (OADS) summarizing findings from a statewide needs assessment of older adults in Maine. This work supported OADS in the development of Maine's State Plan on Aging, 2020-2024. To complement this work, the Maine Health Access Foundation (MeHAF) provided funding for three focus groups to hear from individuals from underrepresented or marginalized communities. While the Muskie School, in collaboration with the State Plan on Aging Advisory Group, used best efforts to ensure a wide range of voices were heard, the report acknowledged limitations in the types of outreach conducted, especially for hard-to-reach individuals (e.g. rural, isolated, oldest old), and minority populations. The needs assessment was also completed prior to the COVID-19 pandemic that has disproportionately impacted older adults, and to an even greater degree, older adults who are black or African American. People who identify themselves as black or African American account for almost a quarter of Maine's COVID-19 positive cases although they represent just under 1.5 percent of the state's population.

The services of this Provider will build on the earlier work completed and accepted by the Department.

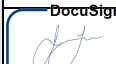

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The costs and rates of this agreement are consistent with the costs and rates of the previous agreement with the Provider for similar services.

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

This is a one-time service not intended to be the subject of a future competitive procurement process.

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>		
	<small>DocuSigned by:</small>		
			
Printed Name:	Jennifer Eppa	Date:	9/3/2020
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>		
			
Printed Name:	Kathy Paquette	Date:	10/13/2020