



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 Rebecca Taylor and Theresa Witham		
Department Contract Administrator or Grant Coordinator:	DHHS – Althea Harris/Stacy Martin		
(If applicable) Department Reference #:	COM-23-029 A		
Amount: (Contract/Amendment/Grant)	Amend A: \$ 399,198.00 Total: \$2,519,660.00	Advantage CT / RQS #:	20220413000000002444
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	7/1/2022
	Previous End Date:	New End Date:	6/30/2024
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	211 Maine Inc. Portland, ME		
Brief Description of Goods/Services/Grant:	Call Center: Resource Referral		

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 checked="" 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 amendment is to add funding to support the Help Me Grow initiative with the Office of Child and Family Services.

2-1-1 Maine provides a statewide human services information and referral resource database accessible both via the web and via phone contact available to the people of State of Maine. 2-1-1 Maine is utilized not only for ongoing access to information and referral services but is also the means of communicating with citizens when emergency situations and other issues arise which require ability to promulgate and/or gather local and/or statewide information in a consistent, centralized manner. 2-1-1 was mandated by Public Law Chapter 51 H.P. 399 L.D. 523.

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

This service is State Directed per Public Law. The Department currently does not have resources to provide the service.

The Maine Public Utilities Commission (PUC) designated 2-1-1 Maine, Inc. as the sole authority to provide 211 services in the State of Maine. This designation is held by the Contractor and was applied for by the United Ways of Maine when the service was initially originally established. No other entity can apply for this sole designation in the State. This sole authority to provide 2-1-1 services is necessary in order for the service to be performed and delivered across the State. This sole authority is consistent with these services as they are delivered in other states in the USA as well. Capacity and designation for delivery of service does not exist within any other contractor's ability within the State.

United Way of Maine established 2-1-1 Maine and obtained and maintained the PUC's designation as the sole authority to provide these services. United Ways exist throughout the State and contribute considerable financial and personnel resources to the maintenance and enhancement of 2-1-1 as well.

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

The cost for services provided has been negotiated between the Department and the Provider at a rate consistent (unchanged) with previous years.

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

At this time, SAMHS has no intention to RFP this service. The Maine Utilities Commission has designated 2-1-1 Maine, Inc. as the sole authority of providing these services refer to Title 22, Sec 4323 & Title 35-A, Sec 7108: "The commission may designate an appropriate entity to be the sole entity entitled to use the 2-1-1 telephone number assigned by the Federal Communications Commission to be used for access to information and referral services."

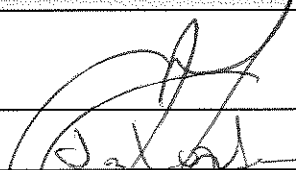
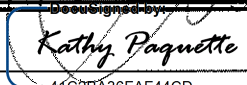
Does this request utilize ARPA/MJRP funds?

☐ 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:	23-Sep-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/7/2022