



## 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:	Division of Vocational Rehabilitation		
Department Contract Administrator or Grant Coordinator:	Eric Dibner 623-7950 592-2087		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 325,217	Advantage CT / RQS #:	20221004*0999
<b>CONTRACT</b>	Proposed Start Date:	10/1/2022	Proposed End Date: 9/30/2023
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Alpha One South Portland, ME 04106		
Brief Description of Goods/Services/Grant:	Independent Living Services (ILS) for persons with disabilities		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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.

This contract provides a program of Independent Living Services (ILS). Operation of this program helps ensure that individuals with severe disabilities can live safely in their homes and participate in community activities. The program is "funding of last resort" and provides equipment and home modifications for which individuals have no other resources. Without a State ILS Program, potential recipients of the services would be unable to accomplish their independent living goals, which would result in irreparable economic and human loss to the State.

Under subpart B of Title VII of the federal Rehabilitation Act, as amended, the State receives funds for the purpose of providing Independent Living Services. The Act requires that the State approve a State Plan for Independent Living (SPIL), which Maine has done, describing how the funds will be distributed. The SPIL, in establishing how the Title VII-B funds shall be used, specifies that the funds will go to the independent living center, Alpha One, to support services to consumers.

Maine statute (Title 26, Chapter 19, Subchapter 2, Article 3) authorizes such services.

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

The vendor is a Center for Independent Living, as defined in the Rehabilitation Act. Qualified centers are listed at <http://www.ilru.org/html/publications/directory/>. There is only one independent living center in Maine, Alpha One, which provides services statewide from offices in Bangor and South Portland and with staff in Presque Isle.

Independent living centers are consumer-directed non-profit organizations, with directors and personnel who deliver services often being individuals who have disabilities or direct personal experience with disability issues. Other than Alpha One, no other independent living center is available to provide these services in Maine. The prescribed standards for establishing and operating an independent living center are in Section 725 of the Rehabilitation Act.

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

The State established the costs for delivering IL services with Alpha One several years ago, and they have not changed. The costs of the professional services by Alpha One's Independent Living Specialists are consistent with service fees for similar organizations. The consumers, the end-

**PART III: SUPPLEMENTAL INFORMATION**

recipients of IL funding for home improvements, are given training by Alpha One on finding appropriate providers/installers at the most reasonable costs and, where applicable, leveraging funding from other programs. Alpha One is providing services to all areas of the state.

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

In 2002, the Division advertised and solicited letters of intent for proposals for ILS, and Alpha One was the only respondent. In 2006, the Division again advertised and solicited letters of intent and several organizations responded, so the Division promulgated an RFP; five organizations requested a copy of the RFP, but none submitted proposals except Alpha One.

While development of additional IL centers in Maine might foster a more competitive IL network, the Statewide Independent Living Council, in the State Plan for Independent Living, does not envision such development as a viable option. The Title VII allocation to Maine is inadequate to support additional centers.

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

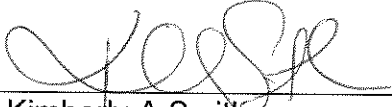

Does this request utilize ARPA/MJRP funds?

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:	Kimberly A Smith, Deputy Commissioner of Labor	Date:	10/6/2022
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/11/2022