



**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/Tamara Hunt/Kristen King		
Department Contract Administrator or Grant Coordinator:		Melanie Boucher		
(If applicable) Department Reference #:		Multiple, see attached list		
Amount: (Contract/Amendment/Grant)		Amend A: \$125,000.00 Total: \$1,917,664.00	Advantage CT / RQS #:	Multiple, see attached list
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	1/1/2023	Effective Date:	7/1/2023
	Previous End Date:	3/31/2024	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple, see attached list		
Brief Description of Goods/Services/Grant:		Community Health Outreach Workers (CHOW)		

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 increase funds to cover the following expenses within four (4) of the CHOW agencies: increased staff, supervision hours, materials & supplies, peer support projects and activities.

The Community Health Outreach Workers (CHOW) will provide outreach, education, referrals, support and community networking to members of the Target Population groups that have been impacted significantly by COVID-19.

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

DHHS, Office of Behavioral Health Services, has determined that these providers are willing and qualified based on the following criteria:

- 1.) An established Community Health Outreach Worker workforce or similar type outreach staff
- 2.) Language and cultural brokering expertise for the following target populations: African Americans; various immigrant, refugee and asylee communities; Native communities; older people; youth from Communities of Color
- 3.) Established community connections in the target communities listed above in Maine.

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

OBH negotiated a rate of \$240/day x thirty (30) days x forty (40) CHOWs. Or \$7,200 per CHOW. The provider agencies reported to the Department how many staff they have to support this project, not to exceed forty (40) total CHOWs across all Provider agencies.

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

This service is willing and qualified. The Department does not intend to RFP at this time.

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

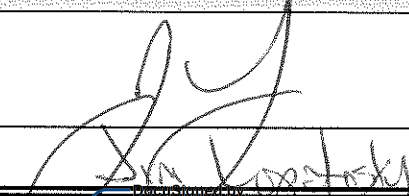

Does this request utilize ARPAMJRP funds?

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:	5-5-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/17/2023

