



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 (Form's page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		CDC Office of Population Health Equity Ian Yaffe / Patricia Reinhard	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell	
(If applicable) Department Reference #:		CD2-23-1535A	
Amount: (Contract/Amendment/Grant)	Original: Amend: Revised:	\$428,625.00 \$530,000.00 \$958,625.00	Advantage CT / RQS #: CT 10A 0220808000000000438
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	9/1/2022	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:		Preble Street Portland Maine	
Brief Description of Goods/Services/Grant:		Support testing and mitigation of COVID-19 among people experiencing homelessness. Provide shelter and on-site supportive services that reduce COVID-19 health disparities through staffing and operating expenses and assist with the effort among individuals experiencing unsheltered homelessness.	

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 Provider under this agreement shall coordinate resources, develop strategies, and support relationships to mitigate COVID-19 in populations experiencing homelessness by establishing a full-time homeless shelter and encampment COVID-19 Mitigation Coordinator. The Mitigation Coordinator will partner with a collaborative of non-profit organizations that operate homeless shelters or serve people who are experiencing homelessness.

Intended outcomes of this project will be improvements to coordination of COVID-19 testing, preparation, prevention, and response. Other improvements expected from this work include increased data collection, expanded access to testing, improved infection control and prevention, and the development of partnerships between homeless service providers and health care organizations.

This amendment will provide one time funding for case management services to support with outreach and education regarding health insurance options for individuals the Provider serves who have been impacted by MaineCare Unwinding.

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

As one of Maine's largest agencies serving individuals experiencing homelessness operating since 1975, Preble Street operates in several locations across Greater Portland. The mission of the agency is to provide accessible barrier-free services to empower people experiencing problems with homelessness, housing, hunger, and poverty, and to advocate for solutions to these problems. Preble Street has been conducting vaccine outreach, education and administration since 2021, holding vaccine clinics for people experiencing homelessness. In addition to shelter-based services. Preble Street has a wide reach across the community, conducting street outreach to connect with unhoused people across Portland every day, and they support people experiencing unmet housing and healthcare needs through targeted case management. Their outreach and access to at-risk populations presents an opportunity to reach populations in need of COVID-19 services, and acutely informs their awareness of the needs of the community. The COVID-19 Mitigation Coordination vendor must have organizational and coordination skills for managing mitigation services. Preble Street has been a trusted vendor of Vaccine Equity funds since 2021 and has the best capacity, knowledge and infrastructure needed to provide COVID-19 Mitigation Coordination services. Additionally, Preble Street serves a population heavily affected by MaineCare Unwinding, a direct impact of the pandemic, that is not currently met by other organizations in the community. Preble Street is the only organization in the community ready to increase their capacity and operational infrastructure to work effectively in this currently unserved community.

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

The costs associated with these services have been reviewed by the Department for fairness and allowability. The funding was, in part, based on the types of activities and services they will provide. The Department also considered current and past performance on contracts.

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

For the services included in Amendment A, the Department does not anticipate the availability of additional funding after this period.

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

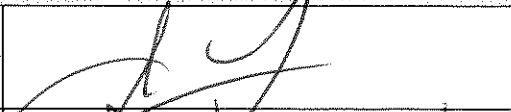

Does this request utilize ARPA/MJRP funds?

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