

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

| PART I: OVERVIEW  |                      |   |                                |          |
|---|----------------------|---|--------------------------------|----------|
| Department Office/Division/Program:                     |                      | DHHS/Office of Child and Family Services  |                                |          |
| Department Contract Administrator or Grant Coordinator: |                      | Lora Blackwell / Chris Moiles   |                                |          |
| (If applicable) Department Reference #:                 |                      |   |                                |          |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 161,060.00        | Advantage CT / RQS #:   | CT 10A<br>20210915000000000668 |          |
| CONTRACT  | Proposed Start Date: | 10/1/21   | Proposed End Date:             | 09/30/23 |
| 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:              |                      | Elder Abuse Institute of Maine (EAIME)<br>Brunswick, Maine  |                                |          |
| Brief Description of Goods/Services/Grant:              |                      | Transitional housing and comprehensive Support Services for victims of elder abuse over the age of 60 from across the State of Maine. |                                |          |

| 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 |
| <b>X</b>  | 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:   |
| <b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>   |
| Elder Abuse Institute of Maine (EAIME) provides comprehensive supportive services for Maine's elder Victims of domestic violence offenses, who reside at Martha's Cottage. Martha's Cottage is the only safe and dignified emergency housing option in Maine available to elder victims of domestic violence offenses. The funding provided through this Agreement supports the staff needed to provide comprehensive support services to elder |

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### PART III: SUPPLEMENTAL INFORMATION

victims.

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

Elder abuse is a significant and growing identified crime in the State. With the aging demographic in Maine being the largest segment of the State's population, the crimes against the elderly are increasing proportionally. Mainstream services are not tailored to meet the specific needs of an elder population and are not equipped to manage their specialized needs.

The Transitional Housing and Supportive Services Program of the Elder Abuse Institute of Maine (EAIME) provides transitional housing and comprehensive supportive services for the underserved victims of elder abuse over the age of 60 from across the state of Maine. The Program provides secure housing and personal advocacy at a dedicated safe home in various locations in the State called Martha's Cottage. This program provides accessible transitional housing services and support to enable elder victims of abuse to move from an environment in which abuse occurs to long-term permanent safety.

EAIME's Program provides staffing to assist the Elder Victims that seek help; assists Victims whose abusers do not fall within the federal guidelines of the current program, namely victims whose abuser is a family member and/or caregiver - children, nieces/nephews, grandchildren, and individuals not considered intimate partners; supports crime Victims whose abuse is not considered domestic violence, sexual assault or stalking; and finally, serves Victims whose needs are too great for their current housing situation.

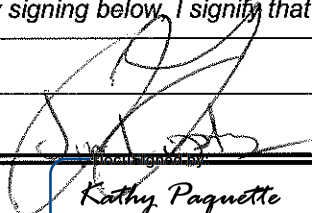
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The agreement costs are in alignment with other domestic violence and sexual assault advocate positions in Maine and adds costs to provide housing and support services at "Martha's Cottage" specifically for elder victims of domestic violence.

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

The Department is in the process of conducting a victim services needs assessment and the outcome will inform the strategic funding plan for the violence prevention services procured by the Department for a 10/1/2023 contract start date.

### PART IV: APPROVALS

|   |   |              |                            |
|---|---|--------------|----------------------------|
| <b>Signature of requesting Department's Commissioner (or designee):</b> | <i>By signing below, I signify that I approve of this procurement request.</i>      |              |                            |
| <b>Printed Name:</b>  |  |              | <b>Date:</b> 27 - Oct - 21 |
| <b>Signature of DAFS Procurement Official:</b>                          | <i>Kathy Paquette</i>   |              |                            |
| <b>Printed Name:</b>  | kathy Paquette  | <b>Date:</b> | 11/12/2021                 |