

State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/ OBH/ Mike Freysinger / Theresa Witham	
Department Contract Administrator or Grant Coordinator:		Matt Galletta / Patricia Wall	
(If applicable) Department Reference #:		OSA-22-810	
Amount: (Contract/Amendment/Grant)	\$ 434,124.00	Advantage CT / RQS #:	CT 10A 20210722*0163
CONTRACT	Proposed Start Date:	9/1/2021	Proposed End Date: 8/31/2023
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:		Maine Association of Recovery Residences South Portland, ME 04106	
Brief Description of Goods/Services/Grant:		MARR Certification	

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
X	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:
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 agreement is to increase access to high-quality Recovery Residences for Mainers in Recovery from Substance Use Disorder. This will be accomplished by supporting two new positions and operational costs for the Maine Association of Recovery Residences. In addition, this agreement will support a series of trainings for individuals and organizations operating or seeking to operate Recovery Residences throughout the state to promote consistent practices and facilitate provision of high-quality housing.

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PART III: SUPPLEMENTAL INFORMATION

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

The Maine Association of Recovery Residences is the state affiliate of the National Association of Recovery Residences, which is at this time the pre-eminent authority and most widely recognized national body in this domain (recovery residence certification and quality assurance). Other organizations (e.g. Oxford House) do exist in this market space, however offering very different services which would not be considered competitive, but potentially parallel to those offered by NARR/MARR. Competition within this domain may be made available as other bodies develop standards, policies, and practices to guide and certify recovery residences, and gain support of federal and state government bodies however, the framework for that currently exists with MARR. At this point in time, The Maine Association of Recovery Residences is the only qualified organization to accomplish the specific need at hand. MARR has the unique connection with the national board in order to appropriately and accurately govern the certification and quality assurance of current and future recovery residences. This is the most widely recognized and distinguished regulatory body for such services.

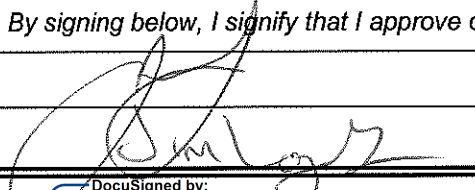
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Costs were negotiated between the Department and the provider. Costs are based two FTE's to include fringe benefits for the duration of two years and are comparable to similar positions within this market. Cost included also reflect travel, supplies, technology, software management, occupancy, contractors, financial management, trainings and applicable trainers for each year of this agreement, all of which were well within what may be considered a normal range, comparable to other Department agreements for similar administrative and training services.

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

MARR is a unique vendor – they are the State affiliate of NARR. The Department does not intend to RFP this service.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	30-Sept-21
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	11/18/2021