



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/OCFS		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brianne Carrero		
(If applicable) Department Reference #:		CFS-23-4011		
Amount: (Contract/Amendment/Grant)		\$ 204,718.00	Advantage CT / RQS #:	CT 10A 2022071100000000073
CONTRACT	Proposed Start Date:	07/01/2022	Proposed End Date:	12/31/2022
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:		Community Concepts, Inc. Lewiston, ME		
Brief Description of Goods/Services/Grant:		Transportation Services – Low Income and Child Welfare		

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 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 purpose of this Agreement is to provide Transportation to children involved in open Child Protective Services cases, to individuals who have Low-incomes, and to individuals who have no other reasonable means of transportation to reach necessary destinations until 10/31/2022 at which time the Provider will no longer be offering these services.

The Provider will provide transitional services from 10/01/2022 through 12/31/2022 to assist the new provider with data sharing regarding trips, software set up, onboarding volunteer drivers and other tasks to assist in the transition to the new provider and to help to transition Child Welfare and Low Income individuals who may not be aware of the change in provider.

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

The Department is using the Provider because they have been providing services in the area for more than 20 years and have been the incumbent Provider. The Provider has a working knowledge of the transportation needs, coverage area, and client base that is served in this area and will share those resources with the new provider. The Provider and the new provider both utilize the same software program, and the Provider has committed to data sharing in order to assist in a seamless transition.

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

The rates for Low Income and Child Welfare Transportation services have been approved for a twenty-percent (20)% increase from previous rates due to rising costs of fuel and other resources. The rate for State mileage reimbursement is \$0.46 per mile, effective 10/01/2022. The Transportation services will end on 10/31/2022.

The Transitional Support rate was negotiated and approved by the Department. This proposed rate is based on projected staff expenses to assist the new provider full time for a period of up to three (3) months.

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

The Provider has terminated their Transportation services programs due to the direction of their Board of Directors. The Transitional services are a one-time limited resource that will not be used in the future. With that, there is no need for future Transportation or Transitional transportation services.

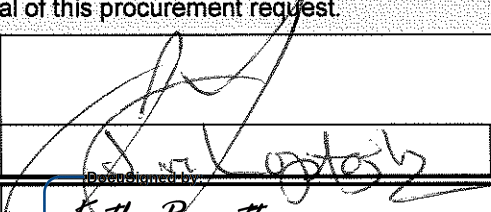
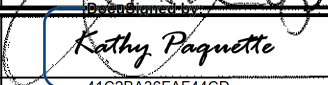
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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):			Date:	12-08-22
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	11/3/2022
Typed Name:	Kathy Paquette		Date:	