



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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/OADS/APS – Tonya Perkins	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		ADS-25-9208	
Amount: (Contract/Amendment/Grant)	\$800,000.00	Advantage CT / RQS #:	CT 10A 20240918000ADS259208
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 9/30/2025
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 Brunswick, ME	
Brief Description of Goods/Services/Grant:		Program development and direct service through “elder advocates” in accordance with the ACL Grant No. 90EJSG0031-01-00 work plan	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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.
	<p>The purpose of this Agreement is providing advocacy/service navigator services to Adult Protective Services investigation clients aged 60 years old and older who have experienced or been at risk of abuse, neglect, or exploitation. The services are to be provided upon referral from APS at or near the conclusion of APS investigations to assist clients to identify and meet service needs and establish and reach client-directed goals.</p> <p>The Provider shall receive client referrals directly from APS, assign an advocate, and arrange to meet with clients to develop client-centered goals. Because clients have individualized needs and unique circumstances, this work will require case-by-case decisions on what core competencies to employ when engaging with clients and varying approaches, client engagement levels, and coordination strategies with APS.</p>
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	<p>This vendor was identified as an entity with expertise in elder abuse issues, already engaged in this work in two pilot counties, and with the expertise to quickly expand this work to meet the timelines required by ACL. The vendor is specifically identified as a grant partner in the spend plan that ACL required be submitted in advance of receiving the designated funding.</p> <p>OADS is waiting for approval of a No-Cost Extension for the ACL funding. In the meantime, OADS will be using the \$800,000 in the General Fund account that was approved through H.P. 163- L.D. 258 for this specific project.</p>
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	The costs and rates are based on comparable direct service/case management type work and the cost of ongoing oversight within the agency.
4.	Describe the plan for future competition for the goods or services.
	The Department does not intend to RFP these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	



PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	17-Oct-24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  Kathy Paquette		
Typed Name:	41C2BA36FAF44CD... kathy Paquette	Date:	11/8/2024