

**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-COM: Ian Yaffe	
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Jeanne Garza	
(If applicable) Department Reference #:		Multiple See Attachment	
Amount: (Contract/Amendment/Grant)	Multiple See Attachment	Advantage CT / RQS #:	Multiple See Attachment
CONTRACT	Proposed Start Date:		Proposed End Date:
	Original Start Date:	<b>2/1/2021</b>	Effective Date:
AMENDMENT	Previous End Date:	<b>12/31/2021</b>	New End Date:
	Project Start Date:		Grant Start Date:
GRANT	Project End Date:		Grant End Date:
	Vendor/Provider/Grantee Name, City, State:		Multiple See Attachment
Brief Description of Goods/Services/Grant:		Covid-19 Social Support Services	

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 checked="" type="checkbox"/>	L. Other Authorization COVID-19

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.

Social Support Services are needed to assist with the COVID-19 pandemic. The purpose of these contracts are to continue providing Social Support services for individuals who must quarantine or isolate due to COVID-19. Social Support includes assessing needs, shelter/housing, food related support, health prevention activities, transportation related services, outreach and education regarding COVID-19 prevention and how to safely isolate and quarantine as well as vaccine support. Services must be delivered in a culturally tailored way when appropriate. The Provider shall provide individual social supports at the direction of the Department.

The purpose of these amendments is to align funding with service needs.

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

The Department, Commissioners Office has determined that these providers are willing and qualified based on their ability to provide the necessary services to safely isolate and quarantine. The providers have a history of providing such services and have the capacity to meet the requirements of the deliverables.

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 number of cases in the geographic region served by the agencies, the population served, i.e. greater exposure for contracting the Coronavirus due to occupation, underlying health disparities, or high-density living arrangements, and geographic considerations.

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

The Department does not intend to RFP these willing and qualified services.

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

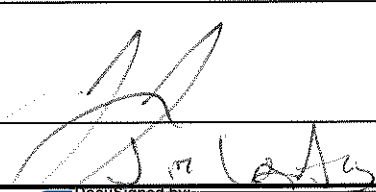

Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:		Date:	8 - Dec - 21
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	12/30/2021

Service Group: COVID-19 Social Supports Services  
 NO. of Vendors: 8

Agreement Number	CT No.	Vendor Name	Amendment Amount	Revised Amount
COM-21-5015A	CT 10A 20210219*2293	AZERBAIJAN SOCIETY OF MAINE	(\$50,000)	\$ 79,280
COM-21-5030A	CT 10A 20210219*2310	COMMUNITY CONCEPTS INC	(\$139,000)	\$ 182,300
COM-21-5007A	CT 10A 20210219*2285	GATEWAY COMMUNITY SERVICES MAINE	(\$20,000)	\$ 219,767
COM-21-5026A	CT 10A 20210219*2306	PENQUIS CAP INC	\$ 37,000	\$ 102,435
COM-21-5028A	CT 10A 20210219*2308	THE OPPORTUNITY ALLIANCE	(\$80,000)	\$215,650
COM-21-5027A	CT 10A 20210219*2307	WESTERN MAINE COMMUNITY ACTION, INC	(\$55,000)	\$ 9,000
COM-21-5012A	CT 10A 20210219*2290	YORK CTY COMM ACTION CORP	(\$80,000)	\$282,660
COM-22-5031	CT 10A 202110270*1079	SPIRITUAL CARE SERVICES OF MAINE		\$ 45,000