



## 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/CBHS		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero		
(If applicable) Department Reference #:		CBH-25-5001		
Amount: (Contract/Amendment/Grant)	\$2,625,000.00	Advantage CT / RQS #:	CT-10A-20240925000CBH255001	
<b>CONTRACT</b>	Proposed Start Date:	10/1/2024	Proposed End Date:	6/30/2026
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Community Care Bangor, ME		
Brief Description of Goods/Services/Grant:		Respite Flex		

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.

The purpose of this Agreement is to provide timely access to short-term Respite Care services for qualifying Primary Caregivers with a Child with a Qualifying Mental Health Diagnosis and/or a Significant Delay. These services shall improve the Primary Caregivers' satisfaction in their relationship with their Child, increase the capability of the Primary Caregiver in dealing with a Child's presenting difficulty, reduce stress or pressure in the Primary Caregiver's life, and increase optimism about the Child's future.

The Provider shall coordinate the provisions of Respite Care services to eligible families and recruit, employ, and train Direct Service Respite Providers (DSRPs) as needed. The Provider shall provide these services in a timely manner and assist families when they are having difficulty finding a DSRP provider.

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

Due to the lack of responses to the NOI for RFP #OCFS20248 Family Support Respite Care Services, the Department has instead opted to pilot a two (2)-year sole source agreement for the DSRP certification requirements and site-based Respite care for each region. The selected vendor has the infrastructure in place to provide the service until the newly RFP-awarded contract begins on 07/01/2026.

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

The cost of the twenty-one (21) month contract was determined based on the existing cost of the service.

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

The service will be competitively procured for a 07/01/2026 contract start date.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

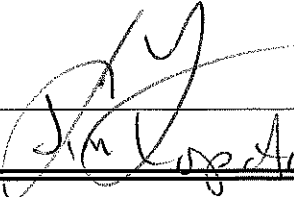
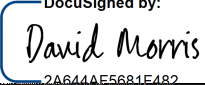
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	5-Nov-24
Signature of DAFS Procurement Official:	DocuSigned by:  2A644AE5681E482		
Typed Name:	David Morris	Date:	12/31/2024

NOI 1220240006 12/31/2024 - 1/6/2025