



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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OBH/CBHS	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Emily Clifton	
(If applicable) Department Reference #:		CBH-25-5002	
Amount: (Contract/Amendment/Grant)	\$ 10,029.78	Advantage CT / RQS #:	CT 10A 20241126000CBH255002
CONTRACT	Proposed Start Date:	8/1/2024	Proposed End Date: 9/30/2024
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 Care Bangor, ME	
Brief Description of Goods/Services/Grant:		Program Implementation Services for Respite Care	

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	
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>	<p>The purpose of this Agreement is to ensure seamless transition of vendors of short-term Respite Care services. The Provider will ensure they have infrastructure in place to begin providing Respite Care services when their contract to provide Respite Care services (CBH-25-5001) starts on 10/1/2024.</p> <p>The Provider shall coordinate with the outgoing Respite Care agency and the Department to ensure there is a smooth transition between agencies and no interruption in Respite Care services. The Provider will coordinate with Direct Service Respite Providers (DSRPs) to transition to the agency.</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p>	<p>The vendor was selected to provide Respite Care services after a lack of responses to the NOI for RFP #OCFS20248 Family Support Respite Care services. The Respite Care services will be provided through the Provider's subsequent Agreement (CBH-25-5001), which begins on 10/01/2024. CBHS consulted with DCM regarding the need for an overlap in the outgoing Respite Care provider's contract and CBH-25-5001 to ensure a seamless transition between providers and no interruption in services. DCM advised CBHS that a separate two (2)-month contract beginning 8/1/24 would be preferred for the overlap in services.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>	<p>The cost of the Contract was determined based on the need to ensure the Provider will be prepared to provide Respite Care services without interruption.</p>
<p>4. Describe the plan for future competition for the goods or services.</p>	<p>The services provided in this short-term Agreement are a one-time occurrence. The Respite Care services included in the Provider's subsequent Agreement beginning 10/01/2024 (CBH-25-5001), will be competitively procured for a 7/1/2026 contract start date.</p>

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

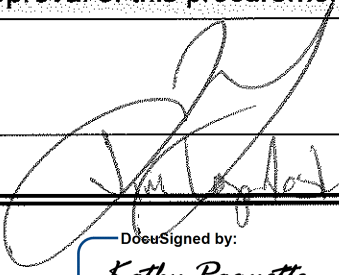
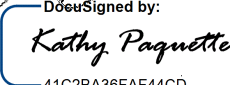
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	11-Dec-2024
Signature of DAFS Procurement Official:	<small>Docusigned by:</small>  <small>41C2BA36EAE44CD...</small>		
Typed Name:	Kathy Paquette	Date:	12/19/2024