

**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/OBH Mike Freysinger Eliza Fielding		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Brianne Carrero		
(If applicable) Department Reference #:	OSA-25-7XX		
Amount: (Contract/Amendment/Grant)	\$337,500.00	Advantage CT / RQS #:	Multiple, See Addendum
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 6/30/2025
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:	Multiple, See Addendum		
Brief Description of Goods/Services/Grant:	Community Center		

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 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 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.

There continues to be an increased need for treatment options within the State. In accordance with the Governor's Executive Order; "An Order To Implement Immediate Responses To Maine's Opioid Epidemic" dated February 6th, 2019 Community Centers provide a safe and welcoming space where individuals going through recovery can gain skills and support essential to promoting success.

The purpose of this Agreement is to establish new and maintain existing Community Centers to coordinate and run Peer Support programs to help persons seeking and maintaining Recovery from drug and alcohol addiction. The Center will accomplish the following activities:

- Individual mentoring and coaching
- Provide assistance with access to employment services and other basic needs necessary to Recovery
- Hold or provide access to Facilitated Groups for participants and affected others.

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

DHHS, Office of Behavioral Health had determined that these providers are willing & qualified to provide this service as they are the only providers capable of doing so within these regions of the state. These geographic parts of Maine are significantly lacking resources and quality entities to combat the opioid crisis they face. This will allow a space for individuals fighting for their recovery to gather local resources and help. It will provide the only safe space these individuals can go to obtain the skills and support needed to guide and progress them through their recovery.

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

DHHS, Office of Behavioral Health had determined that these providers are willing & qualified to provide this service as they are the only providers capable of doing so within these regions of the state. These geographic parts of Maine are significantly lacking resources and quality entities to combat the opioid crisis they face. This will allow a space for individuals fighting for their recovery to gather local resources and help. It will provide the only safe space these individuals can go to obtain the skills and support needed to guide and progress them through their recovery.

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

The Department does not intend to RFP this willing and qualified service.

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.

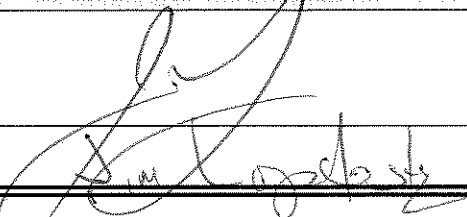
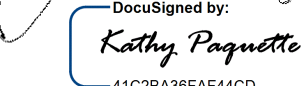
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	29-Oct-24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	11/7/2024

DHHS Office: OBH

Service: COMMUNITY CENTER-SFY25

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Revised Amount
PIR2PEER LARRY LABONTE RECOVERY CENTER CHURCH OF SAFE INJECTION	OSA-25-760	2024090400000OSA25760	10/1/2024	9/30/2025	\$37,500.00
SAVE A LIFE INC HEALTHY ACADIA MAINE PRISONER RE- ENTRY NETWORK COASTAL RECOVERY COMMUNITY CENTER MAINEHEALTH dba Franklin Memorial Health Partners VOLUNTEERS OF AMERICA NORTHERN NEW ENGLAND	OSA-25-770	2024090400000OSA25770	10/1/2024	9/30/2025	\$37,500.00
	OSA-25-780	2024090400000OSA25780	10/1/2024	9/30/2025	\$37,500.00
	OSA-25-790	2024090400000OSA25790	10/1/2024	9/30/2025	\$37,500.00
	OSA-25-791	2024090400000OSA25791	10/1/2024	9/30/2025	\$37,500.00
	OSA-25-792	2024090400000OSA25792	10/1/2024	9/30/2025	\$37,500.00
	OSA-25-793	2024090400000OSA25793	10/1/2024	9/30/2025	\$37,500.00
	OSA-25-795	2024090400000OSA25795	10/1/2024	9/30/2025	\$37,500.00
	OSA-25-796	2024090400000OSA25796	10/1/2024	9/30/2025	\$37,500.00
Total Items	9		Totals		\$337,500.00