



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/Ginny Dill & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Brianne Carrero		
(If applicable) Department Reference #:		Multiple, see Addendum		
Amount: (Contract/Amendment/Grant)		Multiple, see Addendum	Advantage CT / RQS #:	Multiple, see Addendum
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:	1/1/2025
	Previous End Date:	6/30/2025	New End Date:	N/A
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:		Rental Subsidies		

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 checked="" 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.

According to the Nation Low Income Housing Coalition, In Maine 96.1% of a person's Social Security Income standard monthly payment is needed to pay for the average one-bedroom apartment. Rental assistance is designed to assist individuals with severe and persistent mental illness with their housing costs in permanent or transitional housing settings in the community.

Paragraph 93 of the Bates Consent Decree, shall fund, develop, recruit and support a variety of housing options, which can accommodate varying levels of supportive assistance to clients, according to their individual needs. Some class members will live independently in their own homes.

These contracts are being Amended to add one-time funding due to rising Fair Market Rents increasing the portion of rent paid by the Department, and lack of availability of other Rental Assistance resources.

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

This service is client-driven by individual choice. DHHS, Office of Behavioral Health have determined that these providers are willing and qualified to provide this service. The providers have a long-standing history and ability to relate and maintain relations with the target group to be served. The Department partnered with the providers to provide this subsidy and to utilize funds in units specifically with the MaineCare Benefits Manual Section 17 eligible tenants in buildings funded, in part, by Maine State Housing Authority (MSHA) as part of the consent decree agreement. The provider owns or has contracted use of the facilities/buildings subsidized by these funds.

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

Fair and reasonable costs are determined by the US Department of Housing and Urban Development's (HUD) Fair Market Rents(FMR). These are revised annually in October and are adhered to by the Rental Assistance programs administered by OBH.

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

This service is willing and qualified.

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.

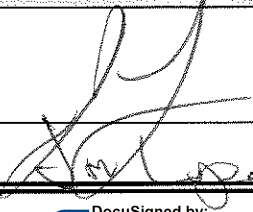


PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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-Apr-25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	5/6/2025

DHHS Office:

OBH

Service: RENTAL SUBSIDIES-
SFY24 Amend 1

Vendor Name	Agreement Number	Amd	CT 10A	Start Date	End Date	Amendment Amount	Revised Amount
SHALOM HOUSE INC KENNEBEC BEHAVIORAL HEALTH AREA IV MENTAL HLTH COALITION COMMUNITY CONCEPTS DEVELOPMENT CORP	MH1-24-206 MH2-24-2011 MH2-24-213 MH2-24-531	C C C C	20230607000000003551 20230607000000003552 20230607000000003553 20230607000000003555	7/1/2023 7/1/2023 7/1/2023 7/1/2023	6/30/2025 6/30/2025 6/30/2025 6/30/2025	\$18,798.00 \$27,275.50 \$28,680.00 \$22,264.00	\$269,598.00 \$197,082.50 \$104,238.00 \$138,348.00
Total Items	4				Totals	\$97,017.50	\$709,266.50