



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/Michelle Baldwin & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/ Melinda Farrell	
(If applicable) Department Reference #:		Multiple, see attached	
Amount: (Contract/Amendment/Grant)	\$498,660.00	Advantage CT / RQS #:	Multiple, see attached
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2026
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 attached	
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 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 113% 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.

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

The Office of Behavioral Health has 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). 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) or determined as rent reasonable as it is outlined in the contract. 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. The Department does not intend to competitively procure this 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.

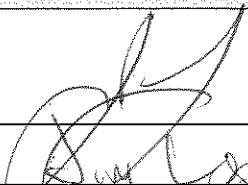
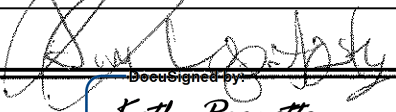
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	11-May-25
Signature of DAFS Procurement Official:	 <small>Designated by:</small> Kathy Paquette <small>41C2BA36FAF44GD...</small>		
Typed Name:	Kathy Paquette	Date:	6/9/2025

Procurement Justification Form (PJF)

DHHS Office: OBH
 Service: RENTAL SUBSIDIES-SFY26
 CTMV 20250430RENTALSUBSID

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
SHALOM HOUSE INC	MH1-26-206	202504300000MH126206	7/1/2025	6/30/2027	\$9,510.00
KENNEBEC BEHAVIORAL HEALTH	MH2-26-2011	202504300000MH2262011	7/1/2025	6/30/2027	\$6,850.00
AREA IV MENTAL HLTH COALITION	MH2-26-213	202504300000MH226213	7/1/2025	6/30/2027	\$5,740.00
COMMUNITY HOUSING OF MAINE INC	MH2-26-515	202504300000MH226515	7/1/2025	6/30/2027	\$3,100.00
COMMUNITY CONCEPTS DEVELOPMENT CORP	MH2-26-531	202504300000MH226531	7/1/2025	6/30/2027	\$4,500.00
AROOSTOOK MENTAL HLTH SERV INC	MH3-26-300	202504300000MH326300	7/1/2025	6/30/2027	\$6,455.00
MAINE MENTAL HEALTH CONNECTIONS	MH3-26-304	202504300000MH326304	7/1/2025	6/30/2027	\$5,400.00
Total Items	7			Total Projected	