



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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/OADS/DS Emergency Transitional Housing		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/ Lyndsay Frank		
(If applicable) Department Reference #:	Multiple, see attached		
Agency Department Code:	10A	Advantage CT / RQS #:	CTMV 20260423EMERGENCYTRA
Amount: (Contract/Amendment/Grant)	\$1,050,000.00		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date: 12/31/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):
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:		State funded Emergency Transitional Housing Home Support Services	

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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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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 State-funded Home Support services to consumers as specified by the Department. The services provided are characterized as Emergency Transitional Housing (ETH) Services. The need for these services is unpredictable and urgent when it occurs. Each referred consumer is expected to be temporary until ETH is no longer needed by the consumer, or a permanent placement of the consumer is made.

Providers shall provide Home Support Services to eligible consumers as directed by the Department, in accordance with the consumers' Person-Centered Plans, and applicable provisions within 10-144 C.M.R. ch. 101, ch. II, § 21 – Home Support – Agency Per Diem.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The Department, Office of Aging and Disability Services, has determined that these Providers are willing and qualified to provide the State-funded Home Support services characterized as "Emergency Transitional Housing Services". The Providers are expected to begin delivery of these services within 24 hours after referral of a consumer to the Provider by the Department.

The Providers are fully qualified to provide Home Support Services to eligible consumers in accordance with the consumers' Person-Centered Plans and align with the applicable provisions of 10-144 C.M.R. ch. 101, ch. II § 21.

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

The cost of the service shall align with the Agency Home Support rate specified in 10-144 C.M.R. ch. 101, ch. III, § 21.

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

The Department does not intend to issue an RFP for these services because any willing and qualified provider can provide them at the Agency Home Support rate specified in 10-144 C.M.R. ch. 101, ch. III, § 21.

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) or (026) – 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

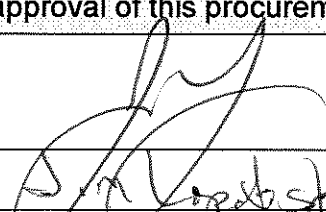
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

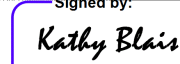
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	J. P. Levesque	Date:	6-May-26

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: 		
Typed Name:	Kathy Blais	Date:	5/20/2026

DHHS Office: OADS
Service: Emergency Transitional Housing- SFY27
CTMV 10A 20260423EMERGENCYTRA

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
Granite Bay Care	ADS-27-1551	20260423000ADS271551	7/1/2026	12/31/2027	\$366,000.00
Support Solutions	ADS-27-3553	20260423000ADS273553	7/1/2026	12/31/2027	\$180,000.00
Coastal Community Care	ADS-27-3554	20260423000ADS273554	7/1/2026	12/31/2027	\$450,000.00
Dirigo Support Professionals	ADS-27-3555	20260423000ADS273555	7/1/2026	12/31/2027	\$18,000.00
MERT Enterprises	ADS-27-6574	20260423000ADS276574	7/1/2026	12/31/2027	\$36,000.00
Total Items	5			Total Projected	\$1,050,000.00