



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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    Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		Althea Harris \ 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:
	Previous End Date:	6/30/2024	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-SA	

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.

The purpose of this amendment is to extend the end date to 9/30/2024 and add FY25 funds, while the Department completes the RFP process under 202306142, to prevent a lapse in services until the RFP awards are announced.

There continues to be an increased need for treatment options within the State. In accordance to 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 in Recovery from drug addiction. The Center will accomplish the following activities:

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

These services will allow a space for individuals fighting for their recovery to gather local resources and help. In addition, 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.

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 determined that these providers are willing & qualified to provide this service and are capable of doing so within the specific region of the state. Each geographic part of Maine is significantly lacking resources and quality entities to combat the opioid crisis it faces.

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

The cost was determined based on necessity of funding for each residence, staff and resources in order to provide Community Center Services. Costs include rent, consultation, utilities, various supplies, salaries and other needed expenses to help support and promote a safe space for recovery.

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

The Department issued RFP 202306142 and anticipates awards with a start date of 10/1/2024.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

Does this request utilize ARPA/MJRP funds?

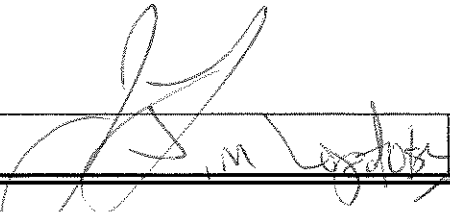

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	20 - May - 24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/30/2024

DHHS Office: OBH  
 Service: COMMUNITY CENTER-SFY24  
 Amend 1

Vendor Name	Agreement Number	Amd	CT 10A	Start Date	End Date	Amendment Amount	Revised Amount
PIR2PEER	OSA-24-760	A		7/1/2023	9/30/2024	\$12,500.00	\$62,500.00
LARRY LABONTE							
RECOVERY CENTER	OSA-24-770	B		7/1/2023	9/30/2024	\$12,500.00	\$111,850.00
CHURCH OF SAFE INJECTION	OSA-24-780	A		7/1/2023	9/30/2024	\$12,500.00	\$62,500.00
SAVE A LIFE INC	OSA-24-790	A		7/1/2023	9/30/2024	\$12,500.00	\$62,500.00
HEALTHY ACADIA	OSA-24-791	A		7/1/2023	9/30/2024	\$12,500.00	\$62,500.00
MAINE PRISONER RE-ENTRY NETWORK	OSA-24-792	A		7/1/2023	9/30/2024	\$12,500.00	\$62,500.00
COASTAL RECOVERY COMMUNITY CENTER	OSA-24-793	A		7/1/2023	9/30/2024	\$12,500.00	\$62,500.00
MAINE HIGHLANDS SENIOR CENTER	OSA-24-794	A		7/1/2023	9/30/2024	\$12,500.00	\$62,500.00
MAINEHEALTH VOLUNTEERS OF AMERICA	OSA-24-795	A		7/1/2023	9/30/2024	\$12,500.00	\$62,500.00
YORK CNTY SHELTER PROGRAMS INC	OSA-24-796	A		7/1/2023	9/30/2024	\$12,500.00	\$62,500.00
	OSA-24-797	A		7/1/2023	9/30/2024	\$25,000.00	\$125,000.00
<b>Total Items</b>	<b>11</b>					<b>Totals \$150,000.00</b>	<b>\$799,350.00</b>