

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		Maine CDC / Maine Immunization Program		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/ Ryan Roberts		
(If applicable) Department Reference #:		CD0-21-5255		
Amount: (Contract/Amendment/Grant)	\$152,154.00	Advantage CT / RQS #:	CT-10A- 20210106000000001986	
CONTRACT	Proposed Start Date:	1/1/2021	Proposed End Date:	12/31/2021
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:		MaineHealth Westbrook, ME		
Brief Description of Goods/Services/Grant:		Community Vaccine Coordination		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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 type="checkbox"/>	J. Willing and Qualified
<input checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input checked="" type="checkbox"/>	L. Other Authorization COVID 19

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

- A. COVID Response assistance for the Department with one (1) full time Community Vaccination Director to plan and execute statewide mass COVID19 and other vaccination clinics as needed throughout Maine. The Community Vaccination Director Responsibilities shall include:
1. Providing direction and oversight to public-facing vaccination clinics throughout Maine.
 2. Developing and implementing communications plan to support large scale vaccinations.
 3. Coordinating with entities (State and non-State) to support staffing of clinics and clinic logistics.
 4. Identify optimal configuration for large-scale vaccinations (i.e. number of sites, number of vaccination throughput per day, required number of vaccinators per day, etc.).
 5. Ensure PrepMod is the standard platform used to support public registration, clinic coordination, and

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PART III: SUPPLEMENTAL INFORMATION

other vaccination efforts.

6. Ready vaccine clinics to be operational and administering vaccine by February 1, 2021.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Maine Health currently has on staff personnel that has the ability to step into the situation and rapidly develop the necessary plans and coordinate communication with the various entities around the State of Maine for the continued rollout of the COVID-19 vaccines.

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

The costs for this this agreement are fair and reasonable based upon other agreements with the Provider for these services. Please see CD0-20-4415 with Maine Health as a reference.

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

This a limited time emergency position and the Department does not intend to RFP these services at this time.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
	DocuSigned by: <i>Ben Mann</i>		
Printed Name:	Ben Mann	Date:	1/7/2021
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	Kathy Paquette	Date:	1/20/2021