

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 / Lisa Munster | | |
| (If applicable) Department Reference #: | | CD0-21-5256 | | |
| Amount: (Contract/Amendment/Grant) | \$159,510.00 | Advantage CT / RQS #: | 10A 20210114*2036 | |
| CONTRACT | Proposed Start Date: | 1/13/2021 | 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: | | Promerica Health, Falmouth, 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.

COVID Response assistance for the Department with providing large-scale vaccination effort planning in Maine.

The Provider shall collect, organize and synthesize key insights to inform planning efforts and shall provide tools and support to coordinate the broader planning efforts of the Department. Provider will provide project and planning management support for community vaccine sites.

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

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

Provider has experience providing healthcare clinical, logistics, and marketing solutions for the health care and public health field at the regional, state, and national levels.

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. The Department looked at available companies to provide these items; this organization was the only one that could support the Department's need. As such, the Department reviewed the pricing, which was deemed acceptable in light of the Governor's Civil State of Emergency.

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

This a limited time emergency contract 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> | | |
| | <small>DocuSigned by:</small> <i>Benjamin Mann</i> | | |
| Printed Name: | <small>2870DA6E0E76471...</small> Benjamin Mann | Date: | 1/18/2021 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> <i>Kathy Paquette</i> | | |
| Printed Name: | <small>41C2BA36FAF44CD...</small> Kathy Paquette | Date: | 1/20/2021 |