State of Maine - Membership Dues & Subscription Fees Request Form BP37WCB-DUES

Department:	t: Department of Health and Human Services Notice of Intent Number: 022		0220190182		
Office:	Office of Child and Family Services	DHHS Agreement Number:	CFS-19-MEM		
Short Descri	ption of Good or Service:	Membership Dues & Subscription Fe	ees State Fiscal Year 2019		
nostings for	Membership Dues and Su	es, this BP37WCB-DUES form will bscription Fees are placed on the laive Competitive Bidding" webp	e Division of Procurement		
Pursuant to St or brand of th only by those	ate of Maine statute 5 M.R.S	. §1825-B,2(C), "it appears that any by the State from only one source." g page. By checking the appropriate	required unit or item of supply, These services are procurable		
Agree Th	e membership dues and/or si	ubscription fees identified on the atta r benefits to the state agency that di erships and/or subscriptions may also	rectly relate to the mission and		
	The entities identified on the attached list below offer specialized services not available by any other means.				
	The costs stated on the attached list below are the fees/dues specific to the identified entity and are set by each entity.				
Executive (s's Commissioner or Chief or designee within the ner's Office) signature:				
Printed Name:		JEFF WILEX	JEFF Wilex		
Date:		n 6 FEB 2019	n 6 FEB 2019		

*For use of non-computer related subscriptions/dues over \$5,000.

Directions:

- o Fill out the form above except for NOI #: this will be issued by Procurement Services
- Fill out appropriate fields on page 2 for each vendor issued dues or subscription invoice
- Have form signed & dated by the authorized signatory
- Scan completed form, pages 1 & 2, with invoice and submit via Purchasing Maine under BP37WCB
- o The form will be assigned an NOI# and posted on our website for the Fiscal Year
- For future dues/subscription additions during the same State Fiscal Year
 – please resubmit ONLY the updated PAGE 2, with the signed & dated additional invoice, referencing the original NOI#

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Department of Health and Human Services Membership Dues & Subscription Fees NOI#0220190182_____

<u>Vendor's Name</u>	<u>Start</u> <u>Date</u>	End Date	<u>Amount</u>
Judge Baker Children's Center	7/1/18	6/30/18	\$19,000
013-10A-5025-01-4983 PSSF F2018			
Association of Administration of the Interstate Compact on the Placement of Children	1/1/2019	12/31/2019	\$6,500
	Judge Baker Children's Center 013-10A-5025-01-4983 PSSF F2018 Association of Administration of the Interstate Compact on the	Judge Baker Children's Center 7/1/18 013-10A-5025-01-4983 PSSF F2018 Association of Administration of the Interstate Compact on the 1/1/2019	Judge Baker Children's Center 7/1/18 6/30/18 013-10A-5025-01-4983 PSSF F2018 Association of Administration of the Interstate Compact on the 1/1/2019 12/31/2019