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

| Departmen | Department of Health and Human Services | Notice of Intent Number: | 0220190183 | | | |
|--|---|--|-------------------------------|--|--|--|
| Office: | Maine Center for Disease Control | DHHS Agreement Number: | CD0-19-MEM A | | | |
| Short Descr | ription of Good or Service: | Membership Dues & Subscription Fe | ees State Fiscal Year 2019 | | | |
| postings fo | r Membership Dues and Su | es, this BP37WCB-DUES form will bscription Fees are placed on the aive Competitive Bidding" webp | e Division of Procurement | | | |
| or brand of to | hat unit or item, is procurable | . §1825-B,2(C), "it appears that any r by the State from only one source." g page. By checking the appropriate | These services are procurable | | | |
| X Se | The membership dues and/or subscription fees identified on the attached list below provide services, resources and/or other benefits to the state agency that directly relate to the mission and ourpose. Some of these memberships and/or subscriptions may also be required by law. | | | | | |
| | he entities identified on the attached list below offer specialized services not available by any ther means. | | | | | |
| 1 X 1 | The costs stated on the attached list below are the fees/dues specific to the identified entity and are set by each entity. | | | | | |
| Department's Commissioner or Chief Executive (or designee within the Commissioner's Office) signature: | | | | | | |
| Printed Name: Date: | | 0 6 FEB 2019 | 0 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
- o Fill out appropriate fields on page 2 for each vendor issued dues or subscription invoice
- Have form signed & dated by the authorized signatory
- o 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#

BP37WCB-DUES Page 1 of 2 Rev. 4/24/2018

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Department of Health and Human Services Membership Dues & Subscription Fees NOI#__0220190183____

| Requestor's Name | <u>Vendor's Name</u> | Start Date | End Date | <u>Amount</u> |
|------------------------------|--|---------------|----------|---------------|
| Ginger Roberts-Scott | National WIC Association | 1/1/19 | 12/31/19 | \$9,590 |
| Michael Abbot/Gaye Mullen | Association of State Drinking Water Administrators | 1/1/19 | 12/31/19 | \$6,900 |
| Erik Gordon, MCDCP | University of Massachusetts Medical School – 125086 | 5/1/19 | 4/30/20 | \$14,000 |
| Nona Tsotseria | Health Resources in Action – Membership in the New England Region State Asthma Group | 5/1/19 | 4/30/20 | \$5,000 |
| Elaine Lovejoy | Association of Public Health Laboratories | 7/1/19 | 6/30/20 | \$6,375 |
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