

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: | | DHHS/MCDC/IDS | | |
| Department Contract Administrator or Grant Coordinator: | | Chris Moiles / Lora Blackwell | | |
| (If applicable) Department Reference #: | | CD0-21-5105 | | |
| Amount: (Contract/Amendment/Grant) | \$732,948.00 | Advantage CT / RQS #: | CT 10A 20210302000000002358 | |
| CONTRACT | Proposed Start Date: | 03/01/2021 | Proposed End Date: | 02/28/22 |
| 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: | | Skedulo - San Francisco, CA | | |
| Brief Description of Goods/Services/Grant: | | High Capacity Scheduling for Vaccine Administration | | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|----------|-----------------------------------|----------|----------------------------------|
| | A. Competitive Process | | G. Grant |
| | B. Amendment | | H. State Statute/Agency Directed |
| X | C. Single Source/Unique Vendor | | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | | J. Willing and Qualified |
| X | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | X | 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.

This agreement is to provide for vaccine pre-registration and scheduling software services for COVID-19 statewide to vaccine clinics. This booking and appointment management software allows public health and private organizations to manage the complexities of vaccination scheduling, including multiple doses and concurrent scheduling.

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

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PART III: SUPPLEMENTAL INFORMATION

Skedulo booking and appointment management software is rapidly deployed at a county, state, or other level - but managed at the site level. The solution features intuitive appointment booking for both desktop and mobile environments. Skedulo first verifies if a recipient is eligible and if so, schedules appointments at specific locations based on site capacity and dose availability. Skedulo is also used to control site operations, send critical communications and keep recipients and staff safe with no-contact patient check-in via a QR code.

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

Costs are based on set rates and pricing tiers. Discounts were given for Licenses due to the type and bundling. Department believe that this is fair and reasonable given the need for COVID 19 vaccinations and statewide clinics. 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.

COVID Emergency. If needed post emergency, competitive procurement options will be utilized.

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: | 3/3/2021 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> <i>Jaime Schorr</i> | | |
| Printed Name: | <small>8D84377E49D0450...</small> Jaime Schorr | Date: | 3/5/2021 |