

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/Maine CDC		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Chris Moiles		
(If applicable) Department Reference #:		CD0-21-5458		
Amount: (Contract/Amendment/Grant)	\$ 4,468,217.00	Advantage CT / RQS #:	CT 10A 20210303000000002368	
CONTRACT	Proposed Start Date:	03/1/2021	Proposed End Date:	08/31/2021
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:		SaviLinx Brunswick, Maine		
Brief Description of Goods/Services/Grant:		The Provider shall provide customer service representatives to answer callers and provide vaccination scheduling support.		

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.**

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PART III: SUPPLEMENTAL INFORMATION

DHHS has a critical need to quickly stand up a statewide call center to support COVID-19 vaccination efforts with general information and appointment scheduling services. This call center will address inbound inquiries, assist with pre-registration efforts, and in time will assist with scheduling for the COVID-19 vaccine. In particular, the call center will serve as a resources for those who cannot access information online or require additional support, such transportation needs, language barriers or are homebound.

With this Agreement, the Provider shall provide agents to answer consumer calls and solve the consumer's needs regarding COVID -19 vaccine inquiries, vaccination pre-registration and appointment scheduling. This effort is mainly focused on the DHHS large throughput vaccination sites and will be a conduit for other provider vaccination sites for appointment scheduling.

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

Given the urgency behind quickly setting up a call center to support COVID-19 vaccination efforts, it was essential that DHHS select a known entity to the State. SaviLinx is a Brunswick-based contact center that handles customer service for large companies. This vendor is the customer service provider for the State's Department of Labor and their unemployment program whose needs grew in an unprecedented fashion during the pandemic. Additionally, they are providing call center support for the Department of Economic and Community Development. Both State agencies continue to utilize SaviLinx during the pandemic to provide call center support.

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

The rates are fair and reasonable as the costs are in line with those in the Department of Labor call center contract.

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

This is a one-time service to support COVID-19 vaccination effort. The Department does not intend to RFP for these services beyond this effort.

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.

DocuSigned by:

Benjamin Mann

Printed Name:

Benjamin Mann

Date:

3/3/2021

**Signature of DAFS
Procurement Official:**

DocuSigned by:

Jaime Schorr

Printed Name:

Jaime Schorr

Date:

3/8/2021