

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Matt Galletta/Jennifer Levesque		
(If applicable) Department Reference #:		RPC-21-025		
Amount: (Contract/Amendment/Grant)	\$17,500.00	Advantage CT / RQS #:	CT 10A 20210308000000002417	
CONTRACT	Proposed Start Date:	03/08/2021	Proposed End Date:	06/30/2022
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:		NorDx 301A US Route One Scarborough, ME 04074		
Brief Description of Goods/Services/Grant:		Phlebotomy and clinical laboratory services for RPC employees.		

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
	E. Emergency – COVID 19		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 for the purpose of procuring urgent phlebotomy and clinical laboratory services for RPC employees on an as requested basis. Services will be used for items such as:

- Covid-19 Testing – this will ensure the safety and health of staff and patients by testing employees who present symptoms of Covid-19 after having already reported to work or who have been determined to have been directly exposed to a Covid-positive employee.
- Employee titer draws – this will increase the efficiency of the onboarding process by obtaining titer draw results from newly hired employees at the earliest opportunity.

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PART III: SUPPLEMENTAL INFORMATION

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

The number of qualified vendors for this service is severely limited due to the required geographic proximity to the hospital and the urgent turnaround time required to obtain these test results. This vendor is the only provider in the local area able to meet the hospital's required timeframe for obtaining test results.

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

This vendor has a proven history of providing these vital services both reliably and at a reasonable cost to the hospital.

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

It is not feasible for the Department to competitively procure this service. Given the urgent timeframes needed for test results, the vendor must be located within appropriate geographic proximity to the hospital. This vendor is the only provider in the local area able to meet the hospital's required turnaround times.

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:



Printed Name:

66738ED17E0C4B2
Jim Lopatosky

Date:

Mar-31-2021

**Signature of DAFS
Procurement Official:**

Kathy Paquette

DocuSigned by:
41C2BA36FAF44CD...

Printed Name:

Kathy Paquette

Date:

4/20/2021