

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.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/Maine CDC		
Department Contract Administrator or Grant Coordinator:		Chris Moiles		
(If applicable) Department Reference #:		CD0-21-1322		
Amount: (Contract/Amendment/Grant)	\$37,598.00	Advantage CT / RQS #:	Draft RQS 10A 20210413*970	
CONTRACT	Proposed Start Date:	4/12/2021	Proposed End Date:	4/11/2022
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:		Duncan & Duncan Medical, Inc., Rodeo, CA		
Brief Description of Goods/Services/Grant:		Purchase of Safety Needle with Syringe 1 mL, 25 ga x 1", sold as 100/bx Part#ISV1M251		

PART II: JUSTIFICATION FOR VENDOR SELECTION

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

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input checked="" type="checkbox"/>	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.

A critical purchase of Safety Needles with Syringes, 1 mL, 25 ga x 1", sold as 100/bx Part#ISV1M251, is required as soon as possible for the State to sustain COVID-19 statewide vaccination efforts. The State recently received a large shipment of syringes that were damaged in transit from the Federal Government. While the State works to replenish additional syringes from the Federal Government, the State must act quickly to ensure there is sufficient supply of syringes available with the distribution of the vaccine. In the event additional Safety Needles with Syringes are needed throughout the duration of this Governor Mill's Civil State of Emergency regarding COVID-19, this PJF will apply.

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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 Duncan and Duncan Medical syringe has been approved by the CDC and is able to be shipped and delivered expeditiously.

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

The Department looked at available companies to provide these items; this organization was the only one that could support the Department's specific need and timeline. As such, with the rate being federally negotiated, the Department reviewed the pricing, \$1.50 x 25,000, 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):**

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

DocuSigned by:

Benjamin Mann

Printed Name:

2870DA6E0E76471
Benjamin Mann

Date: Apr-21-2021

**Signature of DAFS
Procurement Official:**

DocuSigned by:

Debbie Jacques

Printed Name:

1DFA565D481F42E...
Debbie Jacques

Date: 4/22/2021