

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:		Maine CDC / Maine Immunization Program	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Lisa Munster	
(If applicable) Department Reference #:		CD0-21-5256B	
Amount: (Contract/Amendment/Grant)	Current: \$319,020.00 Amend: \$665,980.00 Revised: \$985,000.00	Advantage CT / RQS #:	CT 10A 20210114*2036
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	1/13/2021	Effective Date:
	Previous End Date:	12/31/2021	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Promerica Health, Falmouth, ME	
Brief Description of Goods/Services/Grant:		Community Vaccine Coordination	

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
X	B. Amendment		H. State Statute/Agency Directed
	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.

COVID Response assistance for the Department with providing large-scale vaccination effort planning in Maine.

The Provider shall collect, organize and synthesize key insights to inform planning efforts and shall provide tools and support to coordinate the broader planning efforts of the Department. Provider will provide project and planning management support for community vaccine sites.

This amendment provides funding to support a drive-through vaccination site in Lewiston, serving Androscoggin which is currently behind other counties for the percentage of residents vaccinated. The State is contracting with Promerica Health to carry out the planning and preparation as well as to provide the clinical and operational oversight of this unique site hosted by the University of Southern Maine (Lewiston Campus). The process of

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PART III: SUPPLEMENTAL INFORMATION

planning and establishing this site will help to inform operations at other large through put vaccination sites across the state.

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

Provider has experience providing healthcare clinical, logistics, and marketing solutions for the health care and public health field at the regional, state, and national levels. They have been a key provider with Maine's efforts to combat COVID-19.

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

The costs for this this agreement are fair and reasonable based upon other agreements with the Provider for these services. 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.

This a limited time emergency contract and the Department does not intend to RFP these services at this time.

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
Deputy Commissioner of Finance

Date:

Apr-09-2021

**Signature of DAFS
Procurement Official:**

DocuSigned by:

Kathy Paquette

Printed Name:

41C2BA36FAF44CD...

Kathy Paquette

Date:

5/3/2021