

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.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/Maine CDC	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Matt Galletta	
(If applicable) Department Reference #:		CD0-20-5176A	
Amount: (Contract/Amendment/Grant)	Orig: \$8,000.00 Amend: \$14,400.00 Revised: \$22,400.00	Advantage CT / RQS #:	CT 10A 20200409000000002832
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	04/04/2020	Effective Date:
	Previous End Date:	06/30/2020	New End Date: 07/31/2020
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Arkatechure 75 Washington Ave, Suite 2D Portland, ME 04101	
Brief Description of Goods/Services/Grant:		Data Visualization Technical Expertise – Professional Services	

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.

The purchase of data visualization technical professional services to assist with the setup, including maintenance, support, and ad hoc requests to enhance Tableau Dashboards for Maine CDC Programs, including Maine COVID-19 Public Dashboard.

The purpose of this Amendment is to add new dashboards, breaking down the COVID-19 cases by zip code, race, age/date, and testing/positivity rate. This also extends the contract end date in order to continue support

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PART III: SUPPLEMENTAL INFORMATION

of this vital work.

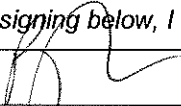
2. Provide a brief justification for the selected vendor to supplement the response in Part II.

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 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.

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>		
			
Printed Name:	BEN MANN	Date:	6/4/20
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	6/8/2020