

State of Maine Waiver of Competitive Bidding Request Form

Form Instructions: Please provide the requested information in the white boxes below. This form is to precede all contract requests that are not the direct result of a competitive bid process.

DHHS/DCM Contract Administrator:	Chris Moiles/Lisa Munster	Office/Division/Program of Contract Administrator:	Maine CDC/Infectious Disease Surveillance/HIV Prevention
Est. Contract Amount:	See Attached List	Contract or RQS Number:	See Attached List
		DHHS Agreement Number:	See Attached List
Proposed Start Date:	9/1/19	Proposed End Date:	6/30/20
Vendor/Provider Name, City, State:	See Attached List		
Short Description of Good or Service:	Expand and increase certified syringe service programs (SSP) in Maine with referral services, supplies, and extended hours.		
Please note, for transparency purposes, Waivers of Competitive Bidding will be publicly posted. Public postings are placed on the Division of Procurement Services website for a period of seven consecutive calendar days.		To be completed by the Division of Procurement Services Posting dates on Division of Procurement Services website: From: <u>1/31/2020</u> To: <u>2/6/2020</u>	
Notice of Intent to Waive Competitive Bidding Number:	NOI# 0120200098		
1. Statutory Justification State of Maine statute (5 M.R.S. §1825-B(2)) allows waivers of competitive bidding only for the specific reasons listed below. Please mark the appropriate box (X) next to the justification which applies to this specific request.			
	A. The procurement of goods or services by the State for county commissioners pursuant to Title 30-A, section 124, involves the expenditure of \$2,500 or less, and the interests of the State would best be served;		
	B. The Director of the Bureau of General Services is authorized by the Governor, or the Governor's designee, to make purchases without competitive bidding because, in the opinion of the Governor or the Governor's designee, an emergency exists that requires the immediate procurement of goods or services;		
<i>If citing the above justification for this Waiver of Competitive Bidding request, please have the requesting Department's Commissioner or Chief Executive (as the Governor's "designee") sign and date on the right.</i>		<i>By signing below, I signify as the Governor's designee there is an emergency that necessitates this non-competitive procurement.</i> Signature:	
		Printed Name:	Date:

State of Maine Waiver of Competitive Bidding Request Form

X	C. After reasonable investigation by the Director of the Bureau of General Services, it appears that any required unit or item of supply, or brand of that unit or item, is procurable by the State from only one source;	
	D. It appears to be in the best interest of the State to negotiate for the procurement of petroleum products;	
	E. The purchase is part of a cooperative project between the State and the University of Maine System, the Maine Community College System, the Maine Maritime Academy, or a private, nonprofit, regionally accredited institution of higher education with a main campus in this State involving: (1) An activity assisting a state agency and enhancing the ability of the university system, community college system, Maine Maritime Academy, or a private, nonprofit, regionally accredited institution of higher education with a main campus in this State to fulfill its mission of teaching, research, and public service; (2) A sharing of project responsibilities and, when appropriate, costs;	
	<i>If citing the above justification for this sole source request, please note that the specific approval of the Governor's Office is required, in accordance with Executive Order 26 FY 11/12, "An Order to Enhance Competitive Bidding". The approval must be documented on DAFS/BGS/Division of Procurement Services "GOVCOOP" form, found here:</i> http://www.maine.gov/purchases/info/forms/govcoop.doc .	
	F. The procurement of goods or services involves expenditures of \$10,000 or less, in which case the Director of the Bureau of General Services may accept oral proposals or bids;	
	G. The procurement of goods or services involves expenditures of \$10,000 or less, and procurement from a single source is the most economical, effective and appropriate means of fulfilling a demonstrated need.	
	If a different authorization specifically allows for this non-competitive procurement, please provide that reference here:	
Please note that the following four points below (#2 through 5) <u>all</u> require a response.		
2. Description of Specific Need		
Please identify, and fully describe, the specific problem, requirement, or need the resulting non-competitive contract would address and which makes the goods or services necessary. Explain how the requesting Department determined that the goods or services are critical and/or essential to agency responsibilities or operations.		
<p>The purpose of this amendment is to expand and increase certified syringe service programs (SSP) in Maine. These services would expand staffing, referral services, distribution of naloxone, and fund the purchase of physical program supplies (such as syringes, cotton balls, prep pads, filters, and HIV and Hepatitis C point of care rapid testing kits) for Certified Hypodermic Apparatus Exchange Programs in Maine, as directed in LD1707 and LD1552 and in accordance with Title 22, §1341, Hypodermic Apparatus Exchange Programs http://legislature.maine.gov/statutes/22/title22sec1341.html) and any applicable rules, see: https://www.maine.gov/sos/cec/rules/10/chaps10.htm</p>		

**State of Maine
Waiver of Competitive Bidding Request Form**

3. Availability of other Public Resources

Please explain how the requesting Department concluded that sufficient staffing, resources, or expertise is not available within the State of Maine’s government, or other governmental entities (local, other state, or federal agencies) external to the requesting Department, which would be able to address the identified need more efficiently and effectively than the identified vendor.

The Department does not have staffing, resources, or expertise available within the State of Maine’s government, or other governmental entities to conduct this work and is also directed in Statute that Certified Hypodermic Apparatus Exchange Programs in Maine receive funds from CDC.

4. Cost

Since a waiver of competitive bidding is being requested for this procurement, please explain how the requesting Department concluded the negotiated costs, fees, or rates are **fair and reasonable**.

As directed by statute/22/title22sec1341 the funding each Exchange Program is “based on rates of intravenous drug use and negative health outcomes related to drug use in the geographic area surrounding a program; if applicable, the amount of services historically provided by the certified program; and other relevant factors”.

5. Future Competition

Please describe potential opportunities which may be available to foster competition for these goods or services in the future.

Funding was appropriated for providers that are in the Certified Hypodermic Apparatus Exchange Program in Maine. The Department does not intend to RFP.

Please note that only one of the two points below (“Uniqueness” or “Timeframe”) requires a response. Requesting Departments are not required to respond to both points.

6. Uniqueness

Please explain if the goods or services required are unique to a specific vendor. Describe the unique qualifications, abilities, and/or expertise of the vendor and how those particular unique factors address the specific need identified above. If the vendor has unique equipment, facilities, or proprietary data, also explain the necessity of these particular unique assets.

The City of Portland, Down East AIDS Network, and MaineGeneral Medical Center are uniquely qualified to provide these services because they offer the only, certified by Maine CDC, Certified Hypodermic Apparatus Exchange Programs in Maine, and are therefore the only agencies that can legally do this work.

**State of Maine
Waiver of Competitive Bidding Request Form**

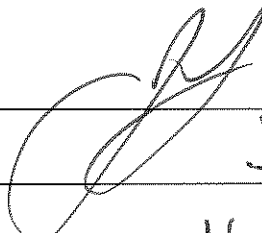
7. Timeframe (Complete only if B. is the Statutory Justification marked on Page 1)

Please explain if time is of the essence and an emergency exists which requires the immediate procurement of goods or services. Describe the nature of this emergency, provide the date by which the goods or services must be delivered, and explain how that date was determined and its significance (i.e. impact if delayed beyond this date). Also, provide information as to how it was determined this vendor is the best option to address this time-sensitive procurement.

As directed by statute/22/title22sec1341, "the award of funds must occur not later than 60 days after the effective date of this subsection and annually thereafter based on the availability of funding." The funding is part of the SFY20 & 21 Biennial Budget, P46a1-7826 (LD1707) (005330F9) Provides funds to support hypodermic apparatus. This funding will need to be spent by the end of this state fiscal year; June 30, 2020.

**Signature of requesting Department's
Commissioner or Chief Executive
(or designee within the
Commissioner's Office):**

*By signing below, I signify that my Department requests,
and I approve of, this Waiver of Competitive Bidding.*



Jim Lapostola
16 - Jun - 20

Printed Name:

Date:

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DHHS Office: Maine CDC

Service: Physical Program Supplies and Services for Certified Hypodermic Apparatus Exchange Programs

Services Dates: 2/15/2019 – 6/30/2020

Vendor	CT	Agreement Number	Start Date	End Date	Amendment Amount	Agreement Total
<u>City of Portland</u>	CT 10A 20190826*640	CDM-20-5102A	9/1/2019	6/30/2020	\$60,000.00	\$81,258.00
<u>Down East Aids Network, Inc.</u>	CT 10A 20190826*642	CDM-20-5104A	9/1/2019	6/30/2020	\$240,000.00	\$286,097.00
<u>MaineGeneral Medical Center</u>	CT 10A 20190826*641	CDM-20-5103B	9/1/2019	6/30/2020	\$120,000.00	\$124,045.00
Service Total					\$420,000.00	\$491,400.00