

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:		Department of Administrative and Financial Services / Office of Marijuana Policy		
Department Contract Administrator or Grant Coordinator:		Erik Gundersen, Director, OMP		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 100,000	Advantage CT / RQS #:	CT#20210107000000001995	
CONTRACT	Proposed Start Date:	1/1/2021	Proposed End Date:	12/31/2021
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:		Maine Sheriffs Association, Oakland, Maine		
Brief Description of Goods/Services/Grant:		Compliance checks		

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		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

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.

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PART III: SUPPLEMENTAL INFORMATION

The Department of Administrative and Financial Services, Office of Marijuana Policy seeks to augment compliance and enforcement efforts related Maine's Medical Marijuana Program (MMMP) registrants. Sales of medical marijuana occur in several ways, at retail storefronts, delivery direct to patients, and in person at a caregiver cultivation or manufacturing site. The Compliance Division receives complaints regularly. The Department is limited in its compliance tools and staff to ensure proper oversight of the nearly 3,000 registrants in MMMP.

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

The Maine Sheriffs Association (MSA) has a long history of working with state agencies in the area of compliance. They have previously contracted with the Department of Health and Human Services and the Department of Administrative and Financial Services (DAFS), Office of Marijuana Policy to serve as its medical marijuana compliance arm. MSA currently conducts testing of licensed liquor establishments to determine compliance. This work very closely mirrors the type of compliance work being sought by the DAFS/OMP. DAFS/OMP knows of no other organization or entity in the state that can provide compliance checks of this nature on a statewide basis.

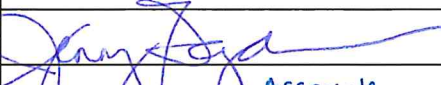
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The negotiated costs were based off rates for similar work conducted by MSA and adjusted to meet the needs of DAFS/OMP.

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

After the first year (potentially second year), DAFS/OMP will evaluate the services provided under the contract and determine if DAFS/OMP's needs were met. DAFS/OMP will also conduct an environmental scan to see if other vendors are able to offer the unique services offered by MSA.

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:	<i>Jenny Boyden</i>	<i>Associate Commissioner</i>	Date: <i>01-08-2021</i>
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> <i>Kathy Paquette</i>	Date:	<i>1/11/2021</i>