

State of Maine Procurement Justification Form

INSTRUCTIONS: This form must accompany ALL contract requests submitted to the Division of Procurement Services. Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department/Office/Division/Program:	DAFS, BHR, OWC		
Department Contract Administrator or Grant Coordinator:	Anna Ryerson		
Advantage CT / RQS #:	20160404*3015		
(If applicable) Department Reference #:			
Estimated Contract or Grant Amount:	\$ 94,200.00		
Proposed Start Date:	12/31/2019	Proposed End Date:	6/30/2020
Vendor/Provider/Grantee Name, City, State:	MaineGeneral Medical Center 21 Enterprise Drive Augusta, ME 04330		
Brief Description of Goods/Services/Grant:	Ergonomic, Prevention and Peer Evaluation Program		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute Directed
	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 QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>This service provides the onsite ergonomic evaluations/peer evaluation program for Maine State government.</p>

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL QUESTIONS

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

Examples:

- If the procurement is directed by State statute, federal/State agency, or other authorization, provide the citation/reference.
- If the procurement is the result of a Request for Proposals (RFP), list RFP number and if the contract is the initially awarded contract or a renewal.
- If the procurement is the result of a cooperative RFP, did the RFP meet the following criteria:
 - Advertised in the *Kennebec Journal* for three consecutive days;
 - Cost is a minimum of 25% of the total evaluation criteria;
 - Follows any additional requirements identified in Chapter 110: Rules for Purchase of Services and Awards.
- If vendor is willing and qualified, describe the qualifications and identify who made this determination.
- If the procurement is a University Cooperative Project, explain how this purchase will enhance the ability of the higher education institution to further its teaching, research, and public service mission.
- If this is an emergency, describe the nature of the emergency and explain how the vendor was determined to be the best option.
- If the vendor is unique, explain the unique qualifications, abilities, and/or expertise to meet the procurement need.

RFP 201509160 – the original contract covered 5/1/2016 to 12/31/2019. This amendment would cover 12/31/2019 to 6/30/2020, while a new RFP process is undertaken. Maine General Medical Center is our current vendor and was selected through an earlier RFP process, so we know Maine General Medical Center is qualified and has the necessary expertise to continue providing these services to meet the procurement need while a new RFP is prepared and put out.

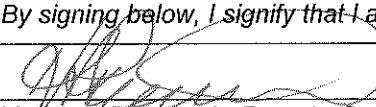
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates for this amendment are the same rates as the original contract resulting from a competitive RFP procurement process. For this reason, it is believed the costs and rates are fair and reasonable.

4. Describe the plan for future competition for the goods or services. (Not applicable to grants.)

The Office of Workers' Compensation will be putting this service out to RFP in March 2020.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
			
Printed Name:	Heather Perreault, Deputy Comm.	Date:	2/3/2020

**State of Maine
Procurement Justification Form**

Signature of DAFS Procurement Official:	DocuSigned by: <i>Justin Franzose</i>		
Printed Name:	AEED9C7B3A8044E... Justin Franzose	Date:	2/24/2020