

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:		DAFS, BHR, Office of Employee Health and Wellness	
Department Contract Administrator or Grant Coordinator:		Roberta Leonard, Benefits and Wellness Coordinator	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 15,000	Advantage CT / RQS #:	CT 18S 20200901*771
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	6/1/2020	Effective Date:
	Previous End Date:	5/31/2023	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Northeast Series of Lockton Companies, LLC 120 Exchange Street, Suite 201 Portland, ME 04101	
Brief Description of Goods/Services/Grant:		Employee and Retiree benefits consulting 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
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

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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.

This amendment would add Workers' Compensation ad hock services to the existing contract for the rest of Employee Health and Wellness.

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

This vendor would help with the Workers' Compensation Pharmacy RFP and review.

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

Negotiated costs were a result of the competitive bidding process.

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

The contract will be evaluated during the final year or extension.

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:



Printed Name:

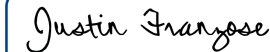
9C938649FAA247D
Heather Perreault

Date:

2/1/2021

**Signature of DAFS
Procurement Official:**

DocuSigned by:



Printed Name:

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Justin Franzose

Date:

2/3/2021

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