

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		Health & Human Services/Maine CDC/Environmental and Occupational Health		
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Matt Galletta		
(If applicable) Department Reference #:		CDM-21-5361		
Amount: (Contract/Amendment/Grant)	\$35,000.00	Advantage CT / RQS #:	CT 10A 20210122000000002093	
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date:	12/31/2020
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:		Community Concepts, Lewiston, Maine		
Brief Description of Goods/Services/Grant:		Lead Inspections		

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.

Title 22: Chpt 252 §1320-A (<http://legislature.maine.gov/legis/statutes/22/title22sec1320-A.html>) requires the Department to inspect within 30 days all units within a building for lead hazards when lead based substances or a lead poisoned child is identified in a unit within that building. The timeliness of these inspections is important as this allows the Department to identify the sources of lead exposure in the homes of children, then intervene to mitigate children's exposure lead by ordering lead hazards to be removed and children relocated to a lead-safe home if appropriate. This is an administrative contract to pay for invoices from previous agreements.

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PART III: SUPPLEMENTAL INFORMATION

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

At the time of the original agreements the provider was awarded each contract by RFP based on their ability to carry out the contracted services.

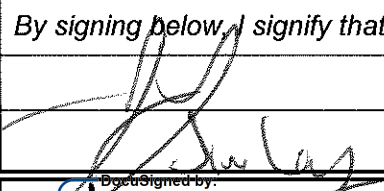
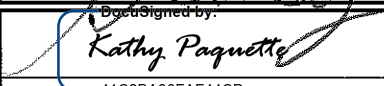
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The agreement amount is based on the number of cases of lead poisoning the Department identified during the agreement period within the provider's service area. Costs per inspection type and location were established through a competitive request for proposals process.

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

The Department does not plan to renew this contract as this is an administrative contract to pay for invoices from previous agreements.

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:		Date:	12-16-21
Signature of DAFS Procurement Official:	<small>Digitally signed by:</small> 		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	3/9/2021