

## 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)	\$ 34,000	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 hoc 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:**

3/17/2021

**Signature of DAFS  
Procurement Official:**



**Printed Name:**

6D6437754DD6459...  
Jaime Schorr

**Date:**

3/18/2021

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