

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 Workers' Compensation	
Department Contract Administrator or Grant Coordinator:		Patty Lothridge, WC Case Manager	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 16,000	Advantage CT / RQS #:	CT 18W 201604040*3015
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	5/1/2016	Effective Date:
	Previous End Date:	3/31/2021	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		MaineGeneral Medical Center, 35 Medical Center Parkway, 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. (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

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 Bureau of Human Resources, Office of Workers' Compensation currently administers this prevention program for the entire state government population to reduce the State's workers' compensation exposure for repetitive use injuries.

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

Maine General Medical Center has been providing ergonomic services under this contract for our self-insured workers' compensation program since 5/1/2016 per the RFP process.

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

Maine General is honoring our current pricing for all ergonomic service needs for our self-insured program for this additional one (1) month extension.

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

The Office of Workers' Compensation has almost completed the RFP process, but will not have a new contract signed by 3/31/2021.

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:

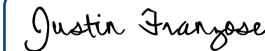
9C938649FAA247D
Heather Perreault

Date:

3/24/2021

**Signature of DAFS
Procurement Official:**

DocuSigned by:



Printed Name:

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Justin Franzose

Date:

3/25/2021

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