

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/SAMHS/ODMAP/Sybil Mazerolle		
Department Contract Administrator or Grant Coordinator:	Nancy Tan (DCM)		
(If applicable) Department Reference #:	OSA-20-422		
Estimated Contract or Grant Amount:	\$173,836.64	Advantage CT / RQS #:	10A 20200227*2391
CONTRACT	Proposed Start Date:	3/1/2020	Proposed End Date: 2/28/2021
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Connecticut Peer Review Organization Wethersfield, CT 06109		
Brief Description of Goods/Services/Grant:	ODMAP Promotion		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	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 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>The purpose of this agreement is to provide assistance and promote educational uptake of the ODMAP tool by police and first responders in Maine Communities. This protocol will help systematize and automate a cascade of communication activities and resource mobilization to reach elected officials and other public officials law enforcement officers, EMS providers, community members, health care providers, harm reduction partners, and others when an overdose spike occurs.</p>

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PART III: SUPPLEMENTAL QUESTIONS

These services will be funded through a grant from the federal CDC to support several activities to address the opioid epidemic in Maine (i.e. Overdose Data to Action; Program Code OD2A). This service is integral to achieving many of goals outlined in the grant project narrative.

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

The Provider is a non-profit, multi-stakeholder state wide health improvement collaborative committed to improving health and healthcare for the people of Maine by leading, collaborating, and aligning improvement efforts. They have an established relationship with the medical, behavioral health, and emergency response provider communities which includes ongoing training through webinars and an annual conference. They also have expertise in providing technical assistance to individual agencies and practices for workflow changes and improvements around incorporation of new systems or technologies.

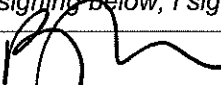
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The department had determined the cost to be fair and reasonable because it falls in line with similar past budget wages for services similar in nature.

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

If the Department determines this service will continue, a RFP will be done with a 3/1/2021 Contract Start Date.

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:	<i>Ben Moran</i>	Date:	<i>3/17/20</i>
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
	<small>41C2BA36FAF44CD...</small>		
Printed Name:	Kathy Paquette	Date:	4/1/2020