

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: | Office of the Attorney General | | |
| Department Contract Administrator or Grant Coordinator: | Mark Toulouse/Lindsey Chasteen | | |
| (If applicable) Department Reference #: | | | |
| Amount: (Contract/Amendment/Grant) | \$15,000.00 Amendment | Advantage CT / RQS #: | CT 26A 20200612*3901 |
| CONTRACT | Proposed Start Date: | 07/01/2020 | Proposed End Date: 06/30/2021 |
| 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: | Kennebec Forensic Pathology Services, LLC PC Box 507, Hallowell, Maine 04347 | | |
| Brief Description of Goods/Services/Grant: | Forensic Pathology 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 |
| | 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.

This contract is for the purpose of contracting with a Forensic Pathologist to perform autopsies, complete associated reports, provide office and weekend coverage, complete examinations, and other associated work. There are two forensic pathologists employed by OCME.

The additional contract pathologist is designed to distribute the autopsy case load in a manner that will ensure efficient and

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PART III: SUPPLEMENTAL INFORMATION

timely completion of cases. There has been an increase in autopsies, specifically as a result of suspected drug overdose. Delays in processing of cases results in delays of closure for families, delays in paperwork completion from insurance companies, and stress on the two full time pathologists. Additionally, when the Chief and Deputy Chief Medical Examiners are not available for office coverage, Dr. Greenwald may cover. This is necessary to ensure the timely completion of forms and procedural guidance to keep this busy office moving.

April 2021: Dr. Greenwald received additional assignments in Spring 2021 because in-house staff was unavailable.

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

The State of Maine Office of Chief Medical Examiner requires a Board-Certified Forensic Pathologist for performing autopsies. There are only 5 in the State of Maine and the OCME utilizes each in some way in order to manage the important work of this office.

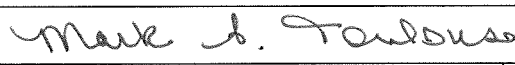
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The OCME has negotiated with Dr. Greenwald an amount of \$1,000 per completed autopsy. This is approximately half the national average for the same services. This fee is a great value to the state for the work completed as Dr. Greenwald performs nearly twice the autopsies for the same money.

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

If the Office of Chief Medical Examiner can identify any competition they will also be offered a chance to negotiate and provide this service. To date we are not aware of anyone meeting the qualifications and able to assist in this role.

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: | Mark A. Toulouse | Date: | 04/12/2021 |
| Signature of DAFS Procurement Official: | | | |
| Printed Name: | | Date: | |