

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:		DECD, Office of Business Development		
Department Contract Administrator or Grant Coordinator:		Charlotte Mace		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 17,800	Advantage CT / RQS #: CT 19A	2021042800000002972	
CONTRACT	Proposed Start Date:	2/22/21	Proposed End Date:	12/31/21
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:		Savilix Brunswick, ME		
Brief Description of Goods/Services/Grant:		Call Center Support		

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:

- Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

Maine DECD needs assistance in responding to the high volume of calls that continues to come in from Maine businesses related to COVID-19 prevention requirements. DECD does not have the capacity to handle this call volume currently and complete its other work required by statute.

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PART III: SUPPLEMENTAL INFORMATION

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

Savilinx has previously worked successfully with other State agencies (e.g., ME DOL) to provide call center support related to COVID-19. Based on positive feedback received from ME DOL, DECD hopes to achieve greater efficiencies in using the same vendor used by ME DOL.


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

DECD is proposing to use 2 hours of Savilinx call center support per week to help respond to the calls. This equals 10 hours per month. Savilinx is charging standard call center rates, and overtime costs will not be incurred as all of the calls will be handled during regular business hours. 2 hours of Savilinx call center support equates to approximately \$65.34, as well as a \$0.02 per minute Telecom Line Charge that Savilinx typically charges. Overall, DECD will be paying under \$70 per day for call center support, which is reasonable.

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

When the global pandemic has ended and the State of Maine is no longer under a state of civil emergency, DECD will seek competitive bids for call center support. However, once the pandemic has ended, it is unlikely that DECD will need additional call center support as the volume of calls will return to normal.

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:	Heather Johnson, Commissioner	Date:	February 17, 2021
Signature of DAFS Procurement Official:	DocuSigned by: <i>Debbie Jacques</i>		
Printed Name:	1DFA565D481F42E... Debbie Jacques	Date:	5/12/2021