

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:		Maine CDC / Disease Prevention and Control	
Department Contract Administrator or Grant Coordinator:		Chris Moiles Shawn Belanger	
(If applicable) Department Reference #:		CD0-20-4542A	
Original Contract Amount:	\$ 27,400.00	Advantage CT / RQS #:	10A 20190520*3493
Amendment Amount	\$ 20,000.00		
Revised Amount	\$ 47,400.00		
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2019	Effective Date:
	Previous End Date:	6/29/2020	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		University of Maine System dba University of Southern Maine Portland, Maine	
Brief Description of Goods/Services/Grant:		Tiered Team Based Care Cholesterol Content	

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
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.

The purpose of this Amendment is to provide additional instructional design and online development of the new Chronic Disease Program initiatives and integrate it within the content while adding additional multimedia throughout the entire training, into the existing Tiered Team Based Care Training developed for the Department for the Chronic Disease Prevention and Control Program. See: <http://teambasedcare.org/>

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PART III: SUPPLEMENTAL INFORMATION

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

The Provider has direct and ample experience providing similar services to the Department. The Provider's familiarity with the work of the Department, having been instrumental in many past interventions and creating many of the resources which they will be tasked with updating under this contract, makes them wholly uniquely qualified to complete this work. The information provided and created by the Provider is proprietary to the vendor and the Department.

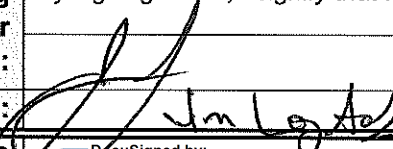
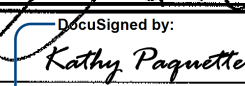
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department considers the costs for these services fair and reasonable. They are consistent with the costs to develop other Tiered Team Based Care Training modules.

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

The Department does not intend to RFP these services.

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:		Date:	18 - May - 20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	6/16/2020