

## 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:		Corrections-Medical		
Department Contract Administrator or Grant Coordinator:		Holly Howleson		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ <del>10,000.00</del> \$5,325.00	Advantage CT / RQS #:	RQS 03A 20210527*1122
CONTRACT	Proposed Start Date:	03/30/21	Proposed End Date:	06/30/21
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:		Diamond Drugs, Inc. 645 Kolter Drive Indiana, PA 15701-3570		
Brief Description of Goods/Services/Grant:		Pharmacy 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
<b>X</b>	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 administration of Narcan in an opioid overdose situation can be a matter of life or death. The current supply is expiring making it unusable in an emergency and will need to be replaced. The parole officers and all the DOC sites have Narcan kits available in strategic places throughout the facility and on person if working in the field.**

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**PART III: SUPPLEMENTAL INFORMATION**

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

- **Diamond Pharmacy is the pharmacy contracted to provide pharmaceuticals to all DOC sites under the directions of the current MDOC Medical Services provider.**

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

- **As a current approved provider of pharmaceuticals for the State DOC sites Diamond Pharmacy costs are negotiated as part of the current health services contract which the Department considers to be fair and reasonable.**

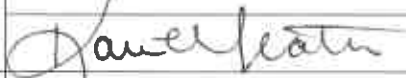
**4. Describe the plan for future competition for the goods or services.**

**Utilize resources designated by current Health Services contract.**

**PART IV: APPROVALS**

**Signature of requesting  
Department's Commissioner  
(or designee):**

*By signing below, I signify that I approve of this procurement request.*



**Printed Name:**

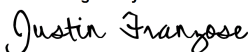
**KAREN YEATON**

**Date:**

**5/25/2021**

**Signature of DAFS  
Procurement Official:**

DocuSigned by:



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<b>Printed Name:</b>	Justin Franzose	<b>Date:</b>	6/1/2021
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