

## 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:		DHHS/CDCWIC		
Department Contract Administrator or Grant Coordinator:		Chris Moiles		
(If applicable) Department Reference #:		CD0-21-4677		
Amount: (Contract/Amendment/Grant)	\$ 10,175.00	Advantage CT / RQS #:	BPO 10A 20210405000000000792	
CONTRACT	Proposed Start Date:	5/1/2021	Proposed End Date:	6/30/2021
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:		The BEST Connection/Cheryl J Bean-Moody		
Brief Description of Goods/Services/Grant:		Breast Feeding Training for WIC Staff		

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:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
<p>The Best Connection is a statewide BreastFeeding Training that WIC Staff attend annually.</p>

# State of Maine Procurement Justification Form

## PART III: SUPPLEMENTAL INFORMATION

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

The BEST Connect is a Maine based BreastFeeding Education Company that offers trainings on breastfeeding and nutrition tailored to WIC Staff. This way the training dollars stay in the state of Maine and staff receive targeted necessary training reducing the need for some out of state travel to obtain the required continuing education.

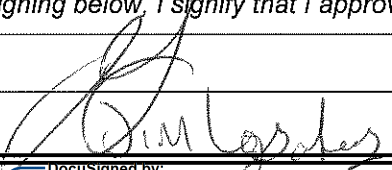
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The price is \$185.00 per participant for the 2-day conference, this is the same price as the public who also attend.

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

The program would like to explore a master agreement with this vendor.

## PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	26-Apr-21
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	6/30/2021