

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: | | MCDC/Division of Disease Prevention/Maternal & Child Health | | | |
| Department Contract Administrator or Grant Coordinator: | | Chris Moiles | | | |
| (If applicable) Department Reference #: | | OIT-22-4210 | | | |
| Amount: (Contract/Amendment/Grant) | \$179,520.00 | Advantage CT / RQS #: | 10A 20210507000000003117 | | |
| CONTRACT | Proposed Start Date: | 7/1/2021 | Proposed End Date: | 6/30/2023 | |
| 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: | | Nebulogic Technologies LLC 5700 Granite Pkwy, Ste 200 Plano, TX 75024 | | | |
| Brief Description of Goods/Services/Grant: | | Children's Health Screening Tracking System | | | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|-------------------------------------|-----------------------------------|--------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | A. Competitive Process | <input type="checkbox"/> | G. Grant |
| <input type="checkbox"/> | B. Amendment | <input type="checkbox"/> | H. State Statute/Agency Directed |
| <input type="checkbox"/> | C. Single Source/Unique Vendor | <input type="checkbox"/> | I. Federal Agency Directed |
| <input type="checkbox"/> | D. Proprietary/Copyright/Patents | <input type="checkbox"/> | J. Willing and Qualified |
| <input type="checkbox"/> | E. Emergency | <input type="checkbox"/> | K. Client Choice |
| <input type="checkbox"/> | F. University Cooperative Project | <input type="checkbox"/> | L. Other Authorization |

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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.

To provide and maintain a sustainable, web-based, centralized child health screening, tracking and surveillance system, hereafter called the Children's Health Screening Tracking System, capable of accurately identifying, matching, collecting, and reporting data. The tracking system integrates electronic birth and death records with newborn hearing, birth defects, and newborn bloodspot data.

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

This vendor was selected through RFP# 201903046.

| | | | |
|----------------------|----------|--------------------|-----------|
| Initial Start Date | 7/1/2019 | Initial End Date | 6/30/2021 |
| Renewal 1 Start Date | 7/1/2021 | Renewal 1 End Date | 6/30/2023 |
| Renewal 2 Start Date | 7/1/2023 | Renewal 2 End Date | 6/30/2024 |

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

The negotiated costs were determined during the RFP process.

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

The Department intends to competitively procure these services with a contract start date of 7/1/2024.

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:

Date:

30-Jun-21

**Signature of DAFS
Procurement Official:**

Michelle Fournier

Printed Name:

066BDD96EE5347F...
Michelle Fournier

Date:

7/26/2021