

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:		Office of State Fire Marshal		
Department Contract Administrator or Grant Coordinator:		Joseph Thomas		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 6,000.00	Advantage CT / RQS #:	CT-16A-20200624*4084	
CONTRACT	Proposed Start Date:	07/01/2020	Proposed End Date:	06/30/2021
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:		WorkHealth LLC, Brewer, ME04412		
Brief Description of Goods/Services/Grant:		Fire Investigator Health Screening for Cancer Presumption		

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.**

Upon passage of L.D. 125, An Act extending Workers Compensation benefits to certain employees of the Office of State Fire Marshal who contract cancer, a base line health screening has been added to their respirator protection requirements. This base line assessment provides for yearly analysis to the Investigator's exposure to carcinogenic exposures from fire scenes resulting from fire debris contact.

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PART III: SUPPLEMENTAL INFORMATION

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

Presently, WorkHealth/Eastern Maine Health Services is the service provider for respiratory protection. The addition of the base line assessment is an enhancement to that current service. WorkHealth is a registered vendor with the State.

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

Given the limited availability of these assessment resources and the fact that this vendor has been our provider of record, a review of this service by other providers showed comparable pricing for this service.

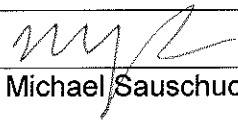
4. Describe the plan for future competition for the goods or services.

Competition will be based on the ability of providers to meet the services needed.

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:

Michael Sauschuck

Date:

6-26-2020

**Signature of DAFS
Procurement Official:**

DocuSigned by:
Kathy Paquette

Printed Name:

41C2BA36FAF44CD...
Kathy Paquette

Date:

8/21/2020