

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/MRCDC/Vital Records		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Chris Moiles		
(If applicable) Department Reference #:		OIT-22-B11		
Amount: (Contract/Amendment/Grant)	\$ 16,145.00	Advantage CT / RQS #:	RQS 10A 20210617000000001210	
CONTRACT	Proposed Start Date:	07/01/2021	Proposed End Date:	06/30/2022
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:		Elekta Inc Atlanta, GA		
Brief Description of Goods/Services/Grant:		Central Registry Software and Support		

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:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
The Provider will provide central registry database software and support for the State Cancer Registry and licenses for 21 small and medium sized Maine Hospitals.
Cancer surveillance is mandated by Maine State Stature MRSA 22 1401-1407.

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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 is the creator and sole proprietor of the software in use as well as the fact that they have the knowledge base necessary to maintain and modify the proprietary software that is running on the server side of the application.

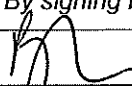
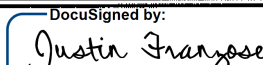
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The list price of this software is \$192,600.00 but the discount brings the cost to the state of Maine down to \$16,145.00. There are no software packages for this price or lower which also have the features of this package. The Department considers these costs fair and reasonable.

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

The Department does not intend to competitively procure 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:	Ben Mann	Date:	7/12/21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>AEED9C7B3A8044E...</small> Justin Franzose	Date:	7/30/2021