


State of Maine
Membership Dues & Subscription Fees Request Form

Department:	Department of Health and Human Services	Notice of Intent Number:	0920191487
Office:	Commissioners	DHHS Agreement Number:	RQS 10A 2019080900000000190 COM-20-MEM
Short Description of Good or Service:		Membership Dues & Subscription Fees State Fiscal Year: <u>2020</u>	
<p>Please note, for transparency purposes, this BP37WCB-DUES form will be publicly posted. Public postings for Membership Dues and Subscription Fees are placed on the Division of Procurement Services' "Notice of Intent (NOI) to Waive Competitive Bidding" webpage.</p>			
<p>Pursuant to State of Maine statute 5 M.R.S. §1825-B.2(C), "it appears that any required unit or item of supply, or brand of that unit or item, is procurable by the State from only one source." These services are procurable only by those entities listed on the following page. By checking the appropriate boxes and signing below, you are agreeing to the following statements:</p>			
Agree	<input checked="" type="checkbox"/>	The membership dues and/or subscription fees identified on the attached list below provide services, resources and/or other benefits to the state agency that directly relate to the mission and purpose. Some of these memberships and/or subscriptions may also be required by law.	
	<input checked="" type="checkbox"/>	The entities identified on the attached list below offer specialized services not available by any other means.	
	<input checked="" type="checkbox"/>	The costs stated on the attached list below are the fees/dues specific to the identified entity and are set by each entity.	
Department's Commissioner or Chief Executive (or designee within the Commissioner's Office) signature:			
Printed Name:		Jeff Wiley	
Date:		9 AUG 2019	

***For use of non-computer related subscriptions/dues over \$5,000.**

Directions:

- Fill out the form above except for NOI #: this will be issued by Procurement Services
- Fill out appropriate fields on page 2 for each vendor issued dues or subscription invoice
- Have form signed & dated by the authorized signatory
- Scan completed form, pages 1 & 2, with invoice and submit via Purchasing Maine under BP37WCB
- The form will be assigned an NOI# and posted on our website for the Fiscal Year
- For future dues/subscription additions during the same State Fiscal Year– please resubmit ONLY the updated PAGE 2, with the signed & dated additional invoice, referencing the original NOI#



New England States Consortium Systems Organization

New England Consortium
Systems Organization

333 South Street
Shrewsbury, MA 01545

Invoice

Date	Invoice #
7/1/2019	2019-Member

Bill To
Jeanne Lambrew, Commissioner Maine Department of Health and Human Serv 221 State Street # 11 State House Station Augusta, Maine 04333 - 0011

Contract Number	Terms	Ship Via
	Net 30	E-Mail

Description	Qty	Rate	Amount
July 1, 2019 - June 30, 2020 Membership Dues		28,500.00	28,500.00
<p>As of July 1, 2017 NESCSO has new payment information. We would like to take this opportunity to reach out and request payment by EFT or ACH. By eliminating paper checks, payments will be expedited and there will be confirmation that payment has been processed. Bank information to facilitate the EFT:</p> <p>* Bank Name: Country Bank, 75 Main Street, Ware, MA 01082 * Bank Contact: Customer Care Center - 413-277-5301 * Name on Account: New England States Consortium Systems Organization * ABA/ACH #: 211870980 * Account #: 600000078045 * Federal Tax ID #: 04-3485943</p> <p><i>Please ensure that no claiming of Federal Financial Participation funds are used by your state for the member dues.</i></p>			

Total Due	\$28,500.00
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If you have any questions concerning this invoice, please contact David Huffman, NESCSO at 508-365-7833 or david.huffman@nescso.org.