

## 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:		Maine Board of Osteopathic Licensure		
Department Contract Administrator or Grant Coordinator:		Susan E. Strout, Executive Secretary		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 9200.00	Advantage CT / RQS #:	CT	
CONTRACT	Proposed Start Date:	<b>7/1/2020</b>	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:		Maine Medical Professionals Health Program, Manchester, ME 04351		
Brief Description of Goods/Services/Grant:		MPHP Identifies and works w/osteopathic physicians and physician assistants who have been disable or impaired by virtue of alcohol or other substance misuse or by physical or mental illness.		

### 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
<b>X</b>	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.**

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## PART III: SUPPLEMENTAL INFORMATION

The Board of Osteopathic Licensure contracts with the MPHP as it is the sole agency of its kind in the immediate area qualified to perform the services required within the attached contract.

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

Same as above...the Board contracts with the MPHP as it is the only agency of its kind in the area that is qualified to perform the services required within the attached contract.


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

A Board representative meets quarterly as a rule with individuals from the MPHP who provide an overview report of the program status. The MPHP has indicated attempts to bring fees in line with programs of this sort throughout the United States. The Board contributes \$9200 annually to the Program and licenses approximately 1500 providers.

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

No work has been done to foster future competition as the MPHP is unique in the services it provides. The program was developed specifically for medical professionals and it would be both resource intensive and costly to try and locate a different 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>	Susan E. Strout, Executive Secretary	<b>Date:</b>	09/20/2020
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	9/24/2020