

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:		MCDCP/HETL		
Department Contract Administrator or Grant Coordinator:		Chris Moiles Shawn Belanger		
(If applicable) Department Reference #:		CD0-22-5484		
Amount: (Contract/Amendment/Grant)	\$163,800	Advantage CT / RQS #:	CT 10A 20210916000000000700	
CONTRACT	Proposed Start Date:	09/30/2021	Proposed End Date:	09/30/2024
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:		Dr. Daniel Jones, MD Boston, MA		
Brief Description of Goods/Services/Grant:		Credentialed Lab Services		

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
X	E. Emergency		K. Client Choice
	F. University Cooperative Project	X	L. Other Authorization – CLIA Certification required for COVID-19

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 Department has a urgent need in the Health and Environment Testing Laboratory (HETL) to support the leadership in assisting as the Clinical Laboratory Improvement Amendments (CLIA) Laboratory Director as defined by the Clinical Laboratory Improvement Amendments of 1988, and required for the State to retain CLIA certification.

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PART III: SUPPLEMENTAL INFORMATION

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

This Provider comes with specific credentialing and extensive experience for CLIA Laboratory Director services. Provider is credentialed with a M.D. from University of Vermont, a fellowship in Hematopathology, Transfusion Medicine. This Provider holds professional memberships with the American Society of Clinical Pathologists, College of American Pathologists, and American Association of Blood Banks. This Provider has overseen COVID testing laboratory at the University of New Hampshire and the State of New Hampshire Public Health Laboratory.

The Provider is medical board certified and is licensed by New Hampshire Board of Medicine, Massachusetts State Board of Registration in Medicine, and the State of Maine Board of Medicine.

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

The Department looked at available entities to provide these unique services and this Provider was the only one that could support the Department's urgent need in the timeframe required and was available to provide the service in a longer-term capacity. The rates are aligned with those of similar services for credentialed services. As such, the Department has deemed the rate acceptable in light of the necessary credentialing and the critical need for the Department to maintain CLIA certification.

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

The Department does not plan to competitively bid these services at this time.

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>		
	<small>DocuSigned by:</small> <i>Benjamin Mann</i>		
Printed Name:	<small>2870DA6E0E76471...</small> Benjamin Mann	Date:	Sep-24-2021
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	9/28/2021