

## 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:		DAFS, BHR, Office of Workers' Compensation			
Department Contract Administrator or Grant Coordinator:		Anna Ryerson, Director			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)		Previous Total: \$722,876.18 Add'l: 9/29/20 122,862.00 TOTAL: 845,738.18		Advantage CT / RQS #: 2016010183015	
CONTRACT	Proposed Start Date:	7/31/2020		Proposed End Date:	3/31/2021
AMENDMENT	Original Start Date:	5/1/2016		Effective Date:	5/1/2016
	Previous End Date:	7/31/2020		New End Date:	3/31/2021
GRANT	Project Start Date:			Grant Start Date:	
	Project End Date:			Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine General Medical Center, 21 Enterprise Drive, Augusta, ME 04330			
Brief Description of Goods/Services/Grant:		Ergonomic, Prevention and Peer Evaluation Program			

### 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>X</b>	B. Amendment		H. State Statute/Agency Directed
	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 Bureau of Human Resources, Office of Workers' Compensation currently administers this prevention program for the entire state government population to reduce the State's workers' compensation exposure for repetitive use injuries.

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

Maine General Medical Center has been providing ergonomic services under this contract for our self-insured workers' compensation program since 5/1/2016 per the RFP process.

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

Maine General is honoring our current pricing for all ergonomic service needs for our self-insured program for this additional eight (8) month extension.

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

The Office of Workers' Compensation will be releasing our RFP for a tentative start date of 4/1/2021.

### 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:**

Heather Perreault, Deputy Director

**Date:**

9/29/2020

**Signature of DAFS  
Procurement Official:**

*Laurie Andre*

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<b>Printed Name:</b>	Laurie Andre	<b>Date:</b>	10/8/2020
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