

## 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.

PART I: OVERVIEW				
Department Office/Division/Program:		MCDC/Division of Disease Prevention/Children with Special Health Needs		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Mary Alderman		
(If applicable) Department Reference #:		CD0-21-4259		
Amount: (Contract/Amendment/Grant)	\$ 300,000.00	Advantage CT / RQS #:		
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date:	6/30/2022
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:		Eastern Maine Medical Center Brewer, Maine		
Brief Description of Goods/Services/Grant:		Comprehensive Genetic 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
<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:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
<p>This contract provides support for comprehensive genetic services to Maine families with or at increased risk for genetic conditions in order to reduce mortality and morbidity from birth defects including cleft lip and palate, metabolic disorders and other genetic conditions. The grant also provides for education and training to health professionals regarding genetics and consultation to the Maine CDC programs, including the Children with Special Health Needs Program (CSHN), the Genetics Program, Bloodspot and Hearing Screening Programs and Birth Defects Program. Services are provided statewide but primarily to individuals in the northern regions of Maine. Some services are provided as outreach at EMMC, particularly metabolic clinic services.</p>

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### PART III: SUPPLEMENTAL INFORMATION

Provision of genetic service contracts is authorized by statute 22 M.S.R.S. §1533

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

The provider of these services must be accredited by the Cystic Fibrosis Foundation (CFF). Currently, in Eastern and Northern Maine, Eastern Maine Medical Center is the only provider accredited by CFF that can provide comprehensive genetic services for families and individuals with or at increased risk for genetic conditions in Southern Maine.

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

The costs associated with this contract have been consistent with the previous three (3) contracts with the same provider for the same comprehensive genetic services.

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

The Department does not intend to RFP these services at this time.

### 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>	<i>[Signature]</i>	<b>Date:</b>	<i>29 July 20</i>
<b>Signature of DAFS Procurement Official:</b>	<i>[Signature]</i>		
<b>Printed Name:</b>	<small>Delegated by:</small> <i>Kathy Paquette</i> <small>41C2BA36FAF44CD...</small>	<b>Date:</b>	10/28/2020