

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:		DHHS / Maine CDC / HETL		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Ryan Roberts		
(If applicable) Department Reference #:		CD0-22-5450		
Amount: (Contract/Amendment/Grant)	\$ 52,000.00	Advantage CT / RQS #:	CT-10A-20210729*0225	
CONTRACT	Proposed Start Date:	7/1/21	Proposed End Date:	6/30/23
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:		Stericycle, Inc. Carol Stream, IL		
Brief Description of Goods/Services/Grant:		Bio Medical Waste/Sharps Disposal		

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
	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.

The Health and Environmental Testing Laboratory (HETL) is a generator of Biomedical waste (viral culture, bacterial agar plates, TB specimens, human blood, urine, feces, CSF) which must be removed from the facility on a regular basis. These services are critical because HETL does not have the ability to process and store such waste.

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PART III: SUPPLEMENTAL INFORMATION

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

HETL requires routine (minimum weekly) pick-up of biomedical waste as HETL does not have the infrastructure to store a large quantity of biomedical waste. Bids were sought for this service and Stericycle was the only vendor to bid on the proposed criteria who is licensed to transport and destroy Ebola waste. One of the other vendors does not do business in Maine and the third did not respond with a bid.

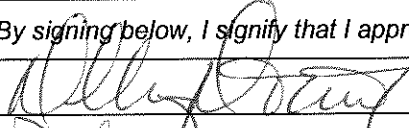
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Several years ago, HETL negotiated with OXUS (local company from Pittsfield) fair and reasonable pricing for this service. These costs were lower than the previous provider. Stericycle recently purchased OXUS and they agreed to hold the previously negotiated pricing. When compared to last year's agreement, costs are the same.

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

The Department does not intend to competitively procure these services.

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>		
			
Printed Name:	<i>Debra Downer</i>	Date:	<i>8/11/2021</i>
	<small>Digitally signed by: Kathy Paquette</small>		
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
	<small>41C2BA36EAE44CD...</small>		
Printed Name:	Kathy Paquette	Date:	10/25/2021