

## State of Maine Procurement Justification Form

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS / Maine CDC / PHEP		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Matt Galletta		
(If applicable) Department Reference #:		CD0-22-1351		
Amount: (Contract/Amendment/Grant)	\$ 309,965.26	Advantage CT / RQS #:	CT 10A 20210827000000000498	
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2023
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:		City of Portland Portland, ME 04101		
Brief Description of Goods/Services/Grant:		Bioterrorism Hospital Preparedness		

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:
<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>
The purpose of this agreement is to ensure that the Department can maintain its ability to receive, stage, and distribute life-saving medications to Maine's largest population centers at public Points of Dispensing (PODs) to contain and prevent the spread of an infectious disease or an intentional act of terrorism that releases chemical, biological, or radiological agents into the environment. The activities required to maintain this capability is managed and coordinated by the Provider within the Cities Readiness Initiative (CRI) Metropolitan Statistical Area (MSA). The MSA includes York, Cumberland, and Sagadahoc Counties.
<b>2. Provide a brief justification for the selected vendor to supplement the response in Part II.</b>

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### PART III: SUPPLEMENTAL INFORMATION

The Provider is the only organization, internally or externally to DHHS/CDC, that can provide highly trained and experienced medical countermeasure and medical material management personnel within the MSA. The City of Portland is the only agency that meets all requirements to perform this work. Maine CDC does not have the capacity to do this work now.

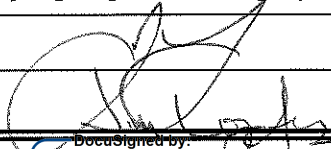
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The Department determined the costs to be fair and reasonable after negotiating an agreement with the Provider to fringe benefits to this contract.

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

The Department does not intend to competitively procure 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>		<b>Date:</b>	25-02-21
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	11/15/2021