

MODIFICATION

State of Maine



Master Agreement

Effective Date: 10/18/16

Expiration Date: 04/30/19

Master Agreement Description: Annual Contract for MMP Patient Certification Forms

Buyer Information

Debbie Jacques 207-624-7890 ext. DEBBIE.JACQUES@MAINE.GOV

Issuer Information

DEBRA KELLER 207-287-5768 ext. debra.a.keller@maine.gov

Requestor Information

Debra Keller 207-287-5768 ext. debra.a.keller@maine.gov

Authorized Departments

10A DEPT OF HUMAN SERVICES

Vendor Information

Vendor Line #: 1

Vendor ID

VC0000216306

Vendor Name

COLUMBIA BUSINESS FORMS LLC

Alias/DBA

Vendor Address Information

PO BOX 1329

COLUMBIA, SC 29202-1329

US

Vendor Contact Information

MICHAEL PULASKI

803-772-6746 ext.

MPULASKI@MINDSPRING.COM

Commodity Information

Vendor Line #: 1

Vendor Name: COLUMBIA BUSINESS FORMS LLC

Commodity Line #: 1

Commodity Code: 96600

Commodity Description: Annual Contract for MMP Patient Certification Forms

Commodity Specifications:

Commodity Extended Description: Annual Contract for MMP Patient Certification Forms. Initial Contract Period: 5/5/2016-4/30/2017 with two option for renewals. First Renewal: 5/1/17 - 4/30/18. Second Renewal: 5/1/18 - 4/30/19. All pricing, specifications, terms and conditions are attached and made a part of this Master Agreement. This MA replaces MA 18P 1605050000000000172. Vendor Code changed. Previous vendor code was VS0000000698.

Quantity

0.00000

UOM

Unit Price

\$0.00

Delivery Days

28

Free on Board

FOB Dest, Freight Prepaid

Contract Amount

\$0.00

Service Start Date

Service End Date

Catalog Name

ColumbiaForms

Discount

0.0000 %

Discount Start Date

10/18/16

Discount End Date

04/30/19

MA 18P 1605050000000000172
ANNUAL CONTRACT
MMP Certification Forms
5/1/2016 – 4/30/2019

SUMMARY OF SCOPE, SPECIFICATIONS, TERMS AND CONDITIONS

SCOPE: To establish an annual contract (Master Agreement) for the MMP Certification Forms for DHHS.

CONTRACT PERIOD: May 5, 2016 thru April 30, 2017
May 1, 2017 thru April 30, 2018 (1st Renewal)
May 1, 2018 thru April 30, 2019 (2nd Renewal)

SPECIFICATIONS: MMP Patient Certification Forms.
Medical Marijuana Certificates with integrated cards.
Size: 8.5" x 11".
Printed two sides, 2/1 PMS, on 28 lb. White Laser Bond. Sheet has 2 integrated cards with 2 mil clear universal release. (NOTE: Lamination is on 1 side, on the back).
Forms have screened State seals in the background.
Cards have rounded corners.
Copy supplied as PDF and MS Word documents (see attached). Text for form has been updated and included as an MS Word document. Vendor to make changes and provide proof.
PROOF REQUIRED.

QUANTITY: Agency will request delivery in quantities as needed. Quantities will be in increments of 1,000 up to 20,000.

ORDERING PROCEDURE: Delivery Orders (DO) will be created in AdvantageME unless the State of Maine Procurement Card is used for payment. Delivery Orders in the amount of \$5000.00 or less will be e-mailed by the using agency to the Vendor as a PDF file. Delivery Orders in amounts greater than \$5000.00 will workflow to the Division of Purchases' Buyers for approval and encumbrance, and then the Division of Purchases will e-mail the PDF order to the Vendor.

PROOFS: Vendor MUST provide proofs.

PRICE: Price is all inclusive. Price includes all set-up, art charges, shipping, etc.

DELIVERY: Agency will request deliveries as need. Shipping charges are to be included in the price of the forms. Delivery will be to one location.

INVOICING: Vendor is to invoice agency directly. Vendor is to reference DO number on all invoices.

PROCUREMENT CARD: State policy requires vendors to accept the State of Maine Procurement Card as a form of payment, with very rare exceptions. Your company will be required to accept these cards. The pricing offered to the State of Maine shall be the final cost to the State of Maine regardless of payment method. No surcharge or other compensation will be allowed. The State of Maine reserves the right to reject your bid if you are unwilling to accept this condition.

EXTENSION CLAUSE: The State Purchasing Director reserves the right to extend this contract period beyond the indicated expiration date with the consent of the contractor. Total contract period may not exceed three years.

MA 18P 1605050000000000172
ANNUAL CONTRACT
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CANCELLATION CLAUSE: The Director of the Division of Purchases reserves the right to cancel this contract with a thirty (30) day written notice, or cancel immediately due to non-compliance with terms & conditions of contract.

MONTHLY REPORT: Vendor will be responsible for generating a “**Monthly Report**” to be submitted to the Division of Purchases **no later than the 5th of each month** for the previous month’s activities.

Each report is to include each order received for the month and must have the following information: **Order Date, Item Ordered, Quantity Ordered** and **Dollar Amount**.

