


# State of Maine - Membership Dues & Subscription Fees Request Form BP37WCB-DUES

|   |   |  |            |
|---|---|--|------------|
| <b>Department:</b>  | Department of Health and Human Services   | <b>Notice of Intent Number:</b>  | 0220190182 |
| <b>Office:</b>  | Office of Child and Family Services   | <b>DHHS Agreement Number:</b>  | CFS-19-MEM |
| <b>Short Description of Good or Service:</b>  |   | Membership Dues & Subscription Fees State Fiscal Year <u>2019</u>                    |            |
| <p><b>Please note, for transparency purposes, this BP37WCB-DUES form will be publicly posted. Public postings for Membership Dues and Subscription Fees are placed on the Division of Procurement Services' "Notice of Intent (NOI) to Waive Competitive Bidding" webpage.</b></p>  |   |  |            |
| <p>Pursuant to State of Maine statute 5 M.R.S. §1825-B,2(C), "it appears that any required unit or item of supply, or brand of that unit or item, is procurable by the State from only one source." These services are procurable only by those entities listed on the following page. By checking the appropriate boxes and signing below, you are agreeing to the following statements:</p> |   |  |            |
| Agree   | The membership dues and/or subscription fees identified on the attached list below provide services, resources and/or other benefits to the state agency that directly relate to the mission and purpose. Some of these memberships and/or subscriptions may also be required by law. |  |            |
| <input checked="" type="checkbox"/>   |   |  |            |
| <input checked="" type="checkbox"/>   | The entities identified on the attached list below offer specialized services not available by any other means.   |  |            |
| <input checked="" type="checkbox"/>   | The costs stated on the attached list below are the fees/dues specific to the identified entity and are set by each entity.   |  |            |
| <b>Department's Commissioner or Chief Executive (or designee within the Commissioner's Office) signature:</b>   |   |  |            |
| <b>Printed Name:</b>  |   | JEFF WILEY   |            |
| <b>Date:</b>  |   | 06 FEB 2019  |            |

**\*For use of non-computer related subscriptions/dues over \$5,000.**

### Directions:

- Fill out the form above except for NOI #: this will be issued by Procurement Services
- Fill out appropriate fields on page 2 for each vendor issued dues or subscription invoice
- Have form signed & dated by the authorized signatory
- Scan completed form, pages 1 & 2, with invoice and submit via Purchasing Maine under BP37WCB
- The form will be assigned an NOI# and posted on our website for the Fiscal Year
  
- For future dues/subscription additions during the same State Fiscal Year– please resubmit ONLY the updated PAGE 2, with the signed & dated additional invoice, referencing the original NOI#

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**Department of Health and Human Services  
Membership Dues & Subscription Fees  
NOI# 0220190182**

| <u>Requestor's Name</u> | <u>Vendor's Name</u>            | <u>Start Date</u> | <u>End Date</u> | <u>Amount</u> |
|-------------------------|---------------------------------|-------------------|-----------------|---------------|
| Jessica Gerrish         | Judge Baker Children's Center   | 7/1/18            | 6/30/19         | \$19,000      |
|                         | 013-10A-5025-01-4983 PSSF F2018 |                   |                 |               |
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