

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		
Department Contract Administrator or Grant Coordinator:		Chris Moiles Shawn Belanger		
(If applicable) Department Reference #:		CD0-20-5456		
Amount: (Contract/Amendment/Grant)	\$5,942.01	Advantage CT / RQS #:	RQS 10A 20200511*1232	
CONTRACT	Proposed Start Date:	05/05/2020	Proposed End Date:	05/06/2020
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:		Mettler-Toledo Rainin LLC Chicago, IL		
Brief Description of Goods/Services/Grant:		Laboratory Testing Equipment		

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	X	L. Other Authorization – COVID-19

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 purchase of various types of Multi pipettes were needed for the Rainin Pipettors we have in house and use for the surge of testing samples consisting of COVID-19. In the event that additional Pipettors are needed throughout the duration of this Governor Mill's Civil State of Emergency regarding COVID-19, this PJF will apply.

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PART III: SUPPLEMENTAL INFORMATION

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

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

The Department looked at available companies to provide these items; this organization was the only one that could support the Department's need. As such, the Department reviewed the pricing, which was deemed acceptable in light of the Governor's Civil State of Emergency.

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

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.

DocuSigned by:



Printed Name:

Justin Lopez

Date:

5/15/2020

**Signature of DAFS
Procurement Official:**

DocuSigned by:



Printed Name:

Justin Franzose

Date:

5/20/2020