

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			
(If applicable) Department Reference #:		CD0-20-54CAP09			
Amount: (Contract/Amendment/Grant)	\$ 135,470.70	Advantage CT / RQS #:	RQS 10A 20200610000000001358		
CONTRACT	Proposed Start Date:	05/24/2020	Proposed End Date:	06/30/2020	
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:		Life Technologies corporation 3175 Staley Road Grand Island, NY 14072 USA			
Brief Description of Goods/Services/Grant:		The purchase of two (2) new ABI 7500 Fast Dx Instrumentation, with the installation, warranty and qualification requirement to be used for the increase in surge testing for COVID-19.			

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
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
X	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.**

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PART III: SUPPLEMENTAL INFORMATION

The purchase of the two (2) ABI 7500 Fast Dx Real Time polymerase chain reaction (PCR) Systems are required for the increase in surge testing of samples for COVID-19. The purchase of the equipment, warranty, installation and qualification are required under Clinical Laboratory Improvement Amendments (CLIA) meet the \$5,000 limit. The CLIA requirements include: § 493.1252 Standard: Test systems, equipment, instruments, reagents, materials, and supplies, §493.1254 Standard: Maintenance and function checks and § 493.1255 Standard: Calibration and calibration verification procedures.

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

This vendor is required due to our Emergency Use Authorization (EUA) and Standard Operating Procedures (SOP) that Health and Environmental Testing Laboratory (HETL) follows under CLIA guidance.

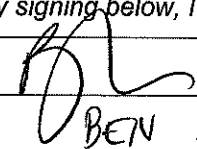
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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.

The department does not intend to RFP this service at this time.

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:	BEN MANN	Date:	6/10/20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Justin Franzose</i>		
Printed Name:	<small>AEEED9C7B3A8044E...</small> Justin Franzose	Date:	6/12/2020