

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 #:		CDO-21-54CAP18		
Amount: (Contract/Amendment/Grant)	\$ 12,933.00	Advantage CT / RQS #:	Draft RQS 10A 20210401*921	
CONTRACT	Proposed Start Date:	4/1/2021	Proposed End Date:	7/31/2021
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:		Coro Medical VC0000247586 617 Bradley Ct Franklin, TN 37067		
Brief Description of Goods/Services/Grant:		Purchase agreement for a Tuttnauer Steam Sterilizer/Autoclave.		

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.

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PART III: SUPPLEMENTAL INFORMATION

As part of the LRN response, the Health and Environmental Testing Laboratory must autoclave all cultures and materials associated with the Select Agent program once testing is done. Presently the destruction (autoclaving) of these materials is performed outside of BSL 3 suite designated for the LRN program. The purchase of the new benchtop autoclave for the LRN BSL 3 suite would provide a safer method of destruction for the select agent materials as it would keep them in a contained and locked area.

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

After reaching out to multiple vendors, the Department determined Coro Medical was the only vendor who offers autoclaving with the LabSci Sterilizer Biohazard Filter which will ensure protection against bioterrorism agents.

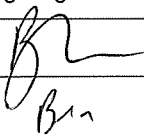
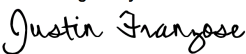
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department determined the cost for this equipment was fair and reasonable based on the need for necessary protection against bioterrorism agents.

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

The Department will again conduct research and solicit competitive quotations for this type equipment in the event an additional unit or replacement is needed.

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 Munn	Date:	6/28/21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>AEED9C7B3A8044E...</small> Justin Franzose	Date:	6/30/2021