

## 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/MeCDC HETL		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Lora Blackwell		
(If applicable) Department Reference #:		CD0-21-5413		
Amount: (Contract/Amendment/Grant)	<b>\$18,000.00</b>	Advantage CT / RQS #:	Draft RQS 10A 20200713*39	
CONTRACT	Proposed Start Date:	<b>07/01/20</b>	Proposed End Date:	<b>07/08/20</b>
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:		Tyenex Medical LLC 303 E Wacker Drive Chicago, IL 60601		
Brief Description of Goods/Services/Grant:		Emergency COVID Purchase of Nasopharyngeal swabs and Throat swabs - Invoice# 20076375 (Attached)		

### 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
<b>X</b>	E. Emergency		K. Client Choice
	F. University Cooperative Project	<b>X</b>	L. Other Authorization- COVID Supplies

### 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

Typenex is able to provide a high number of swabs for collection kits to the Health and Environmental Testing Laboratory (HETL) clients. The collection kits are used to obtain samples from suspected COVID-19 cases, and to perform universal testing in Long Term Care facilities and congregate settings.

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

Orders have been placed with several vendors to obtain swabs. Most vendors have a minimum lead time of 4-6 weeks for items to arrive. Typenex is able to provide swabs within seven (7) business days. They also have a large supply to fill continuous orders for the HETL.

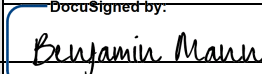
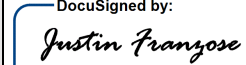
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost is 0.90 per swab, which is slightly higher compared to other vendors' pricing, but the supply is more expeditious to obtain.

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

HETL will continue to monitor supply and delivery times from various vendors to ensure best turnaround times and receive the best cost from suppliers.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
	<small>DocuSigned by:</small>		
			
<b>Printed Name:</b>	<small>Benjamin Mann</small> Benjamin Mann	<b>Date:</b>	8/17/2020
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small>		
			
<b>Printed Name:</b>	<small>AEEED9C7B3A8044E...</small> Justin Franzose	<b>Date:</b>	8/21/2020