



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

## PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (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 #:		CD0-22-54CAP01	
Amount: (Contract/Amendment/Grant)		\$8,695.00	Advantage CT / RQS #: RQS 10A 20211118*570
CONTRACT	Proposed Start Date:	9/29/2021	Proposed End Date: 1/30/2022
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:		Mansci Incorporated 6925 Lake Ellenor Drive, Building 1 Suite 136 Orlando, Florida 32809 VC1000058311	
Brief Description of Goods/Services/Grant:		Alkalinity titration add-on with complete software and remote installation support	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

### PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

This justification is for the purchase of an automated alkalinity titration method add-on used in the analysis of environmental water quality. This add-on will assist in conducting the analytical methods used for determining alkalinity and pH levels in the State of Maine's drinking water and environmental (lakes and streams) samples. This system will serve to: 1) automate analytical testing procedures to address staffing shortage; 2) reduce analytical turn-around time; and 3) to assist in increasing analytical precision and accuracy.

The laboratory determined this add-on to be critical due to the nature of the work regarding safe drinking water and the environmental monitoring related to the health of Maine's lakes and stream. The add-on to our existing instrument will ensure that the quality system and analytical method used in the analysis of samples meet the standards established by our client and accreditation agencies.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The system manufactured by MANTECH (affiliate of Mansci) was selected based upon the following considerations and comparisons: The system is an add-on to an existing MANTECH instrument currently in service at the HETL. Purchasing the add-on will prevent the need to purchase a duplicate instrument to the current in-house system.

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

There are no other available vendors qualified to provide a compatible add-on for the existing analytical instrument. To achieve a comparable level of automated testing efficiency without this add-on would necessitate purchase of a new testing platform at a much greater cost. The Department considers the cost of this add-on to be very reasonable considering the improved testing throughput and associated savings in manhours.

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

This instrument is planned to be in service for an extended period of time over several years. Therefore, there is no expectation of future competition related to this purchase. The department does not intend to FRP this service at this time.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)


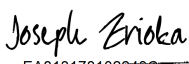
Does this request utilize ARPA/MJRP funds?

- Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		Date:	1/5/22
Typed Name:	Ben Mann		
Signature of DAFS Procurement Official:	 <small>EA843178102243C...</small>	Date:	1/12/2022
Typed Name:	Joseph Zrioka		