



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:		Department of Health and Human Services/Maine CDC		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Katie Clark		
(If applicable) Department Reference #:		CD0-22-5197		
Amount: (Contract/Amendment/Grant)	\$ 400,000.00	Advantage CT / RQS #:	CT 10A 20211215000000001518	
CONTRACT	Proposed Start Date:	11/1/2021	Proposed End Date:	6/30/2022
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:		Biobot Analytics, 501 Massachusetts Avenue, Cambridge, MA, 02139		
Brief Description of Goods/Services/Grant:		Wastewater Surveillance for SARS-CoV-2		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 checked="" type="checkbox"/>	L. Other Authorization – COVID Department Emergency

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.

The purpose of this agreement is to conduct SARS-CoV-2 wastewater surveillance in congregate settings, including correctional facilities and hospitals. Collecting wastewater samples from a facility could provide an early warning of resurgence of SARS-CoV-2 and possible COVID-19 infections within that facility. Further, having samples tested will enable public health action, for example, clinical testing to identify infected individuals, isolation and quarantine measures, subsequent contact tracing, vaccine clinics, and tailored public health messaging.

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

Maine CDC has determined this provider is qualified to provide these services due to their unique and specialized experience performing wastewater surveillance for SARS-CoV-2 in Maine and other states. Further, this provider is willing to provide these services.

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

The rate for this service is comparable to the four (4) providers on the Department of Environmental Protection approved vendor list. This provider was one (1) of two (2) vendors that gave proposals and was approved as qualified to provide the service.

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

Services were procured through a willing and qualified process.

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

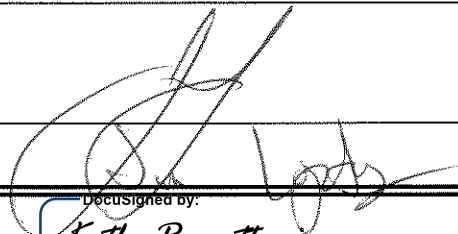
Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:		Date:	3-Jan-22
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	1/14/2022