



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/HETL	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell	
(If applicable) Department Reference #:		CD0-23-5402	
Amount: (Contract/Amendment/Grant)		\$8,820.00	Advantage CT / RQS #: RQS 10A 20221110*0664
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date: 6/30/2023
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:		Association of Public Health Laboratories Silver Spring, MD	
Brief Description of Goods/Services/Grant:		Required annual dues to Association of Public Health Laboratories. Invoice date 4/14/2022 and due 7/1/2022.	

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

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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 is a one (1) year annual State Institutional Membership to Association of Public Health Laboratories (APHL) for 7/1/2022 to 6/30/2023; of which the Department's Health and Environmental Testing Laboratory (HETL) is a participating member. As a member, HETL has access to technical laboratory trainings, conference, and webinars specific to public health laboratories, including laboratory specific information regarding, informatics, COVID-19, monkeypox, avian influenza, tuberculosis, bioterrorism, chemical terrorism, and ELC, PHEP, and TB grants awarded to each state's public health departments.

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

This invoice is to pay annual dues directly to the Association of Public Health Laboratories (APHL).

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

APHL is a nonprofit corporation organized under the laws of the District of Columbia and is recognized by the Internal Revenue Service as a 501(c)(3) tax exempt organization.

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

The Department does not intend to RFP these services.

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):



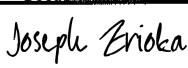
Typed Name:

Ben Munn

Date:

11-29-22

Signature of DAFS
Procurement Official:



Typed Name:

Joseph Zrioka

Date:

12/30/2022