



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 / Brianne Carrero			
(If applicable) Department Reference #:		CD0-24-54SA52			
Amount: (Contract/Amendment/Grant)		\$12,063.90	Advantage CT / RQS #:	RQS-10A-20231117000000000758	
CONTRACT	Proposed Start Date:	1/1/2024		Proposed End Date:	12/31/2024
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:		IN-CAL, HUDSON, NH			
Brief Description of Goods/Services/Grant:		Service Contract for External Calibrations of All Support Equipment involved in Environmental Analyses as required by the Regulatory Accreditation Agencies.			

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 the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

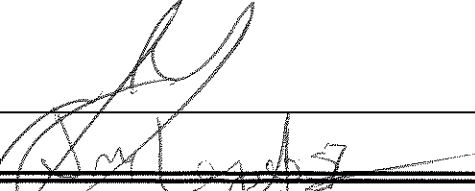
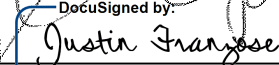
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>
<p>AIHA LAP, LLC certification manual states, "Any external calibration service used shall be a calibration laboratory accredited to ISO/IEC 17025:2017 by a recognized accreditation body."</p> <p>MLAP and EPA certification manuals state, "All support equipment must be calibrated or verified at least annually, using references from an accredited third party or a National Metrology Institute (e.g., NIST) which are traceable to the SI."</p> <p>Annual external calibrations are required to maintain accreditation for American Industrial Hygiene Association (AIHA LAP, LLC), Maine Laboratory Accreditation Program (MLAP), Radiation Control Program (RCP), and Environmental Protection Agency (EPA). Without accreditation by these agencies, Maine Health and Environmental Testing Laboratory (HETL) cannot perform any water analyses for the state of Maine which is critical to the health of Maine citizens and business operations of the Environmental Section of Maine HETL.</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p>
<p>Three companies were contacted: Law Calibration, IN-CAL, and Al-Tar. Law calibration is not able to perform necessary ISO calibrations as required by our accreditation program. IN-CAL and Al-Tar were able to provide the necessary calibrations, however historical calibration services and effective low cost pricing provided by IN-CAL best met HETL's needs for calibration services.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>
<p>The contract has been negotiated at a fair price to include necessary ISO and NIST traceable calibrations for support service equipment.</p>
<p>4. Describe the plan for future competition for the goods or services.</p>
<p>HETL does not intend to RFP these services currently, and will seek a Master Agreement for these services moving forward.</p>

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

<p>Does this request utilize ARPA/MJRP funds?</p>
<p><input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).</p>
<p><input checked="" type="checkbox"/> No – If No, proceed to Part V.</p>

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	22-Dec-23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	AEED9C7B3A8044E Justin Françoise	Date:	1/17/2024