



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	MECDC/HETL/ Morgan Easler		
Department Contract Administrator or Grant Coordinator:	Brienne Carrero / Lyndsay Frank		
(If applicable) Department Reference #:	CD0-25-5484		
Amount: (Contract/Amendment/Grant)	\$ 109,200.00	Advantage CT / RQS #:	CT-10A- 20241002000CD0255484
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 9/30/2026
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:		Dr. Daniel Jones, MD – New London, NH	
Brief Description of Goods/Services/Grant:		Credential Lab Services	

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 checked="" 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.

The Department has an urgent need in the Health and Environment Testing Laboratory (HETL) to support the leadership in assisting as the Clinical Laboratory Improvement Amendments (CLIA) Laboratory Director as defined by the Clinical Laboratory Improvement Amendments of 1988 and required for the State to retain CLIA certification.

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

This Provider comes with specific credentialing and extensive experience for CLIA Laboratory Director services. Provider is credentialed with a M.D. from University of Vermont, a fellowship in Hematopathology, Transfusion Medicine. This Provider holds professional memberships with the American Society of Clinical Pathologists, College of American Pathologists, and American Association of Blood Banks. Dr. Jones, as a Medical Director, has overseen COVID testing laboratory at the University of New Hampshire and the State of New Hampshire Public Health Laboratory.

Provider is medical board certified and is licensed by New Hampshire Board of Medicine, Massachusetts State Board of Registration in Medicine, and the State of Maine Board of Medicine.

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

The Department has previously received satisfactory services from this entity and is looking to renew their contract. The rates are aligned with those of similar services for credentialed services. As such, the Department has deemed the rate acceptable in light of the necessary credentialing and the critical need for the Department to maintain CLIA certification.

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

The Department does not plan to competitively bid these services at this time.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

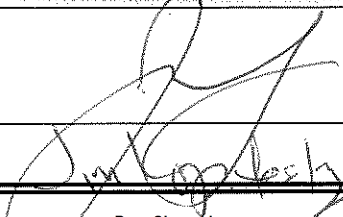

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	25 Nov 24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	1/3/2025