



## 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:		Office of the Attorney General		
Department Contract Administrator or Grant Coordinator:		Summer Carter		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$6,244.83	Advantage CT / RQS #:	RQS 26A 20241101*655
<b>CONTRACT</b>	Proposed Start Date:	<b>01/01/2021</b>	Proposed End Date:	<b>01/14/2025</b>
<b>AMENDMENT</b>	Original Start Date:	Click or tap to enter a date	Effective Date:	Click or tap to enter a date
	Previous End Date:	Click or tap to enter a date	New End Date:	Click or tap to enter a date
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		MaineGeneral Medical Center 10 Water St. Suite 213 Waterville, ME 04901		
Brief Description of Goods/Services/Grant:		Clinical pathology services for the Dept. of the Attorney General/Office of the Chief Medical Examiner		

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.


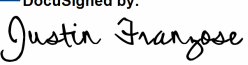
<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	The Office of the Chief Medical Examiner needs cultures and specimens processed in a local clinical pathology laboratory to ensure timely processing of samples to determine cause of death. MaineGeneral provides these services currently as this procurement allows the state of Maine to pay out outstanding invoices.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The selected vendor is local, capable, and currently providing the requested services.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The costs are standard for clinical pathology and are the hospital's current fee schedule.
4. Describe the plan for future competition for the goods or services.	The OCME may submit an RFP for Maine hospitals to provide these services.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>
Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>
<i>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.</i>
<input checked="" type="checkbox"/> 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:	Summer Carter	Date:	1/21/2025
Signature of DAFS Procurement Official:	<div data-bbox="563 570 834 676"> <p>DocuSigned by:    <small>AEED9C7B3A8044E...</small></p> </div>		
Typed Name:	Justin Franzose	Date:	1/21/2025