



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:	MCDC/Division of Disease Prevention/Children with Special Health Needs		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Nicole Mitchell		
(If applicable) Department Reference #:	CD0-26-4257A		
Agency Department Code:	10A	Advantage CT / RQS #:	CT 10A 20250508000CD0264257
Amount: (Contract/Amendment/Grant)	Amend A: \$ 825,586.68 Revised: \$1,619,476.18		
<b>CONTRACT</b>	Proposed/Original Start Date:	<b>7/1/2025</b>	Proposed/Most Recent End Date: 12/31/2025
<b>AMENDMENT</b>	New Effective Date:	<b>1/1/2026</b>	New End Date (if Applicable): 6/30/2026
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	University of Massachusetts Worcester, MA		
Brief Description of Goods/Services/Grant:	Newborn Bloodspot Screening laboratory 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 checked="" 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. Higher Education Cooperative Project	<input checked="" type="checkbox"/>	L. Other Authorization: RFP Extended

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.

**Amendment A is to extend this agreement by six (6) months and to add funds to support the extension. This extension is necessary, due to a delay in the current RFP process.**

This Agreement is to provide newborn bloodspot screening laboratory services for the Maine Newborn Bloodspot Screening Program (MNBSP). MNBSP currently screens for thirty-three (33) treatable genetic disorders and twenty-one (21) secondary conditions. These fifty-four (54) total conditions untreated may cause intellectual disability, serious illness, or death. The goal of the program is to assure that all infants affected by selected disorders benefit from early identification and treatment to prevent or mitigate the effects of the disorders.

The Department's Newborn Bloodspot Screening Program functions under the authorization of the Legislative statutes 22 M.R.S.A. §§ 1532 & 1533, which requires that all infants born in Maine be screened for selected disorders, except in cases where parents refuse on religious grounds. 22 M.R.S.A. § 1532.

The Provider shall provide laboratory newborn screening services including: timely transportation of Newborn Bloodspot Screening Specimens (Specimens) from Maine Birth Hospitals, laboratory analysis of Specimens for the fifty-four (54) disorders included in the Maine Newborn Screening Panel, reporting of all normal and abnormal results to the Department and consulting with the Department and healthcare providers on newborn screening.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The University of Massachusetts was the selected vendor who scored the highest on RFP #201702037.

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

The University of Massachusetts was granted this contract via RFP #201702037. During negotiation, the Department deemed the costs/rates to be fair and reasonable.

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

RFP MCDP20246 is currently in process with a contract start date of 7/1/2026.

### 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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

**PART VI: APPROVALS**

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Jane Lockhart</i>	Date:	<i>12-Jan-26</i>

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	1/27/2026