

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS / Maine CDC		
Department Contract Administrator or Grant Coordinator:		Chris Moiles		
(If applicable) Department Reference #:		CD0-21-5481		
Amount: (Contract/Amendment/Grant)	\$532,800	Advantage CT / RQS #:	Drafts RQS 10A 20210212000000000762	
CONTRACT	Proposed Start Date:	2/1/21	Proposed End Date:	7/31/21
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:		Abbott Laboratories Inc., Orlando, FL		
Brief Description of Goods/Services/Grant:		Purchase of ID NOW COVID19		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input checked="" 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 checked="" type="checkbox"/>	L. Other Authorization: COVID-19

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Abbott Labs ID NOW is a COVID-19 test designed to detect the virus that causes COVID-19 in respiratory specimens, for example nasal or oral swabs.

In the event that additional ID NOW tests are needed throughout the duration of Governor Mill's Civil State of Emergency, regarding COVID-19, this PJF will apply.

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

This is a proprietary product of Abbott Labs.

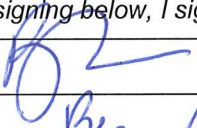
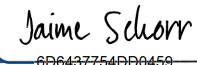
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department looked at available companies to provide these items; this organization was the only one that could support the Department's need. As such, with the rate being federally negotiated, the Department reviewed the pricing, 14,000 tests at \$37.00 per test equals \$532,800, which was deemed acceptable in light of the Governor's Civil State of Emergency.

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

Covid emergency. If needed beyond the Civil Emergency, competitive procurement options will be utilized.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
Printed Name:	Ben Mann	Date:	2/18/21
<small>DocuSigned by:</small>			
Signature of DAFS Procurement Official:			
	<small>6D6437754DD0459...</small>		
Printed Name:	Jaime Schorr	Date:	2/19/2021