



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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 Jennifer Levesque		
(If applicable) Department Reference #:		CD0-22-5486B		
Amount: (Contract/Amendment/Grant)	Orig:	\$ 250,000	Advantage CT / RQS #:	CT 10A 2021110800000001172
	Amd:	\$ 1,600,000		
	Rev:	\$ 1,850,000		
CONTRACT	Proposed Start Date:		Proposed End Date:	
	Original Start Date:	10/01/2021	Effective Date:	01/01/2022
AMENDMENT	Previous End Date:	09/30/2022	New End Date:	n/a
	Project Start Date:		Grant Start Date:	
GRANT	Project End Date:		Grant End Date:	
	Vendor/Provider/Grantee Name, City, State:	The Board of Trustees of the University of Illinois DBA Shield T3, LLC Urbana, IL		
Brief Description of Goods/Services/Grant:		COVID-19 testing services		

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 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 checked="" type="checkbox"/>	L. Other Authorization: COVID-19

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.

Since the beginning of the pandemic, Maine has worked to ensure accessibility to COVID-19 testing and is actively working to expand options. DHHS is expanding to conduct saliva-based PCR testing at authorized locations in targeted geographic regions, with the goal of increasing access to PCR testing. The testing includes using Shield T3, a CLIA Certified laboratory in Orono, Maine (on UMaine campus). Currently, there are areas of the State of Maine that lack PCR access or where demand has outstripped limited supply.

The purpose of the amendment is to add additional funding to expand COVID-19 testing. The numerous outbreaks, including those fueled by the Omicron variant, requires additional and new testing options.

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

Shield T3 is based in Orono, Maine and has excess capacity and ability to meet our need. Additionally, this is a saliva-based PCR test, which will be new to the Department and will allow us to trial it on a small and limited basis to determine whether it's a viable option long-term. Further, the location of lab allows samples to be processed quickly, with average turnaround time of less than 12 hours, far exceeding standard times of 24-48 hours.

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

The cost per sample, which includes the test kit, online software for registering and tracking samples, labels, and shipping to the authorized locations, is \$30. This rate is lower than most reference labs in the country.

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

The Department does not intend to RFP for this service.

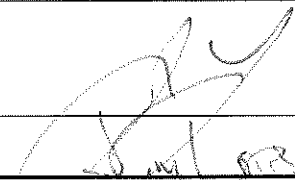

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

- Yes – If Yes, please attach the approved Business Case(s).
- No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	19 - 6 - 22
Signature of DAFS Procurement Official:	DocuSigned by:  David Morris		
Typed Name:	2A644AF5681F482... David MORRIS	Date:	2/22/2022