



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

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:		DEP, Division of Air Quality Assessment, Lab and QA Section	
Department Contract Administrator or Grant Coordinator:		Andrea Galasyn	
(If applicable) Department Reference #:		013-06A-1293-13-5565	
Agency Department Code:	06A	Advantage CT / RQS #:	20251203*0912
Amount: (Contract/Amendment/Grant)		\$ 17,592	
CONTRACT	Proposed/Original Start Date:	1/1/2026	Proposed/Most Recent End Date: 12/31/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Labworks LLC Lehi, Utah	
Brief Description of Goods/Services/Grant:		Annual Laboratory Information Management System (LIMS) "Assist" Software Support Plan Renewal	

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. Higher Education 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 State of Maine DEP Bureau of Air Quality operates a Laboratory Information Management System (LIMS) known as Labworks that is provided by Labworks LLC. This system was put into operation in 2004. It has been maintained annually to ensure that the data collected by the Air Lab is in a database format that can be easily managed for QA/QC and reporting purposes. Using the Labworks data tables Air Bureau staff are then able to routinely report the HAPs (Hazardous Air Pollutants) results, in the required formats, to the EPA Air Quality System (AQS) database. The annual "Assist" support plan for this complex software covers upgrades, email and telephone technical support, and training.
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 Labworks LIMS software is copyrighted property owned and maintained by Labworks LLC. The technical support service plan provided is beyond the expertise of Air Bureau staff and OIT staff will not have access to the proprietary program codes. Failure to maintain an annual Labworks support plan will result in the loss of access to Labworks technical support. If technical assistance is needed after failing to renew the support plan, Labworks requires payment in full of the support plan plus two additional years support before providing assistance.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
	The Maine DEP Bureau of Air Quality was awarded grant monies from EPA under the Inflation Reduction Act of 2022. The grant was awarded for Air Quality Monitoring modernization and program support which included the annual cost of various program support contracts. The grant is being used to fund the Labworks Renewal for Cycle 2026.
4. Describe the plan for future competition for the goods or services.	
	Air Lab staff can routinely view new software, assess how they meet or don't meet our laboratory information management needs, and obtain ideas for improvements, new features, etc. The Department will utilize the competitive procurement process for these services when the existing equipment reaches its end-of-life.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

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

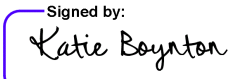
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Melanie Loyzim, Commissioner	Date:	01/27/2026

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:	Signed by:  <small>AE2C1DD1C5434E9...</small>		
Typed Name:	Katie Boynton, Systems Analyst	Date:	2/2/2026