



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:		DHHS/Maine CDC/HETL		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Storm Dexter		
(If applicable) Department Reference #:		CD0-26-54MA03		
Agency Department Code:	10A	Advantage CT / RQS #:	MA 18P 18070300000000000001	
Amount: (Contract/Amendment/Grant)		Estimated Yearly Spend is \$30,000.00		
CONTRACT	Proposed/Original Start Date:	11/9/2025	Proposed/Most Recent End Date:	11/5/2026
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:		CPI International Santa Rosa, CA		
Brief Description of Goods/Services/Grant:		This master agreement is to continue with another MA for our Lead Poison Control Program to purchase watch glass, centrifuge tubes and test tubes specifically for lead testing. This is a renewal of the existing MA that expired on 11/8/2025 – This is also a multi-agency MA with DHHS, Public Safety and DOT i.e. MA 18P 180703*01		

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
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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 commodities that we are placing on a master agreement are uniquely clean, lead-free materials needed to contain acidified lead samples in three PerkinElmer auto-samplers, specifically used in the Childhood Lead Poisoning Prevention Program (CLPPP).

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.

This is a third-party consumable supplier that uniquely has the lowest lead levels we have measured compared to other vendors, and who can supply us with materials that fit all three auto samplers. Other suppliers have caused contamination issues that resulted in expensive resampling and subsequent delays. Since we have had CPI on a master agreement for years and this MA is expiring, we are requesting to have another MA with this vendor for the next year. Failure to meet our cleanliness criteria not only wastes time and money, but jeopardizes critical samples, for which a value would be hard to imagine.

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

Not only is this vendor the least expensive supplier, but they also ship monthly so we don't have to incur significant storage costs at our lab.

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

The agency will fulfill all statutory required solicitations at the end of the equipment's serviceable life expectancy when the time comes to replace the equipment.

HETL constantly checks for new vendors for quality and pricing, however, samples have come back with lead and those cannot be used for fear of contamination issues.

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

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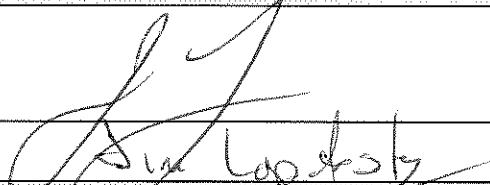
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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

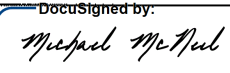
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Dan Lapinsky	Date:	4-Feb-26

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:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	2/6/2026

NOI 0220260083 2/6-2/12