



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 Shawn Belanger		
(If applicable) Department Reference #:		CD0-20-5407D		
Amount: (Contract/Amendment/Grant)	Original: Amend: Revised:	\$1,201,440.00 \$ 93,223.07 \$1,294,663.07	Advantage CT / RQS #:	BP0 10A 20200903*205
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	4/30/2022	Effective Date:	1/1/2022
	Previous End Date:	12/31/2021	New End Date:	3/15/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		IDEXX Laboratories, Inc. Westbrook, ME		
Brief Description of Goods/Services/Grant:		Procurement of PCR and extraction kits for COVID-19 testing		

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. 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.

This revision is for this existing BP0 10A 20200903*205 with the vendor to increase the dollar amount for 2,018 additional COVID-19 test kits that were shipped and received.

HETL and IDEXX Laboratories entered an MOU whereby IDEXX is providing COVID-19 test kits at \$20 each.

The additional 2,018 COVID-19 test kits are needed to continue managing outbreak situations in long term care, nursing home, congregate, and residential facilities.

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

IDEXX was originally selected because of their capacity to provide the significant number of test kits to the Department for COVID-19 testing.

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, the Department reviewed the pricing, which was deemed acceptable. The price is non-negotiable as the items have already been received and the amount of COVID tests have increased and there was a need for these items in order to keep up with COVID-19 demands.

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

The Department does not intend to RFP this service at this time.

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:

Signature of DAFS
Procurement Official:

Typed Name:

Date:

DocuSigned by:

Justin Franzose

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Justin Franzose

3/25/2022