



## 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:		Marine Resources/Bureau of Public Health	
Department Contract Administrator or Grant Coordinator:		Jill MacLeod/Amanda Webb	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$93,000.00	Advantage CT / RQS #:	13A 20230209000000000976
CONTRACT	Proposed Start Date:	2/2/2023	Proposed End Date: 3/18/2023
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:		Thermo Fisher Scientific PO Box 842339 Dallas, TX 75284 VC0000114352	
Brief Description of Goods/Services/Grant:		Digital PCR system for analysis of <i>Vibrio Parahaemolyticus</i> in shellfish tissue	

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. University 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.

To ensure safe shellfish consumption, the Bureau of Public Health is tasked with detecting and quantifying deleterious substances in shellfish tissue. *Vibrio* species that are pathogenic to humans and may be present in shellfish are measured using Polymerase Chain Reaction (PCR) methods. Digital PCR systems are the latest in this field of technology and provide accurate and precise measurement as well as a low level of detection of *Vibrio* spp. in samples. The data generated with such a system will inform current vibrio control methods, help establish a monitoring program, and prevent outbreaks.

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

Manufacturers accomplish the increased accuracy, precision, and lower detection levels of digital PCR systems in various, proprietary manners. Due to the differing approaches the cost of these systems vary widely. We found a suitable system within budget with ThermoFisher. This system offers the most reproducible partitioning of sample volume to ensure comparability among measurements.

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

The manufacturers of digital PCR systems build the machines in different ways. The cost is reasonable when comparing features and options to other systems. While each system optimizes various parts of the workflow, our goal is to target accuracy and precision and a low level of detection. As indicated above, this system is more likely than others to have a consistent partitioning step in the workflow which translates into reproducible and reliable data across multiple operators.

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

As this technology advances, more manufacturers will offer systems that may be more suitable to our needs in the future.

**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:

Patricia C. Keeler

Date:

2/27/23

Signature of DAFS Procurement Official:

Typed Name:

Date: