

## State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/Maine CDC	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Shawn Belanger	
(If applicable) Department Reference #:		CD0-20-54SA02	
Estimated Contract or Grant Amount:	\$8,470.04	Advantage CT / RQS #:	Draft RQS 20200310*1039
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:	5/18/2020	Proposed End Date: 5/17/2021
Vendor/Provider/Grantee Name, City, State:		Bio-Rad Laboratories, Inc 2000 Alfred Nobel Drive Hercules, CA 94547	
Brief Description of Goods/Services/Grant:		This is for a one-year maintenance agreement for HETL's: <ul style="list-style-type: none"> <li>171000205-8002235038-000010-1 - Bio-Plex 200 System With HTF</li> <li>LX10017044423 - BIO-PLEX 200 ARRAY READER</li> <li>LXY16356623 - BIO-PLEX 200 XY PLATFORM</li> <li>LXSD16335622 - HTF SYSTEM ASS'Y BIO-PLEX</li> </ul>	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
<b>X</b>	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
<b>1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.</b>

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## PART III: SUPPLEMENTAL QUESTIONS

This one-year maintenance agreement (MA) is for a Bio-Plex 100/200 System. This maintenance agreement (MA) ensures that the instrument is in good working order, provides a yearly preventative maintenance visit, and immediate service should the instrument not be in good working order.

The laboratory determined that these services are critical to the nature of the work regarding identification of pathogens of human interest, including Eastern Equine Encephalitis, West Nile Virus, and St. Louis Encephalitis. This work allows physicians and public health workers to make timely and crucial decisions for their patients with an unknown illness and to assist in outbreak detection and disease tracking. The MA allows us to meet all accreditation requirements set forth by the Clinical Laboratory Inspection Amendments, by maintaining proper instrument functionality.

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

The instrument covered under this MA is manufactured by Bio-Rad. The instrument has proprietary components that are serviceable only by the representatives of Bio-Rad. Any service conducted by non- Bio-Rad representatives may have an adverse effect on the instrument and will null and void any guarantees regarding the system.

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

The laboratory has received a 4.5% discount on these systems due to its "not-for-profit laboratory" status and Health and Environmental Testing Laboratory (HETL) is also a member of the Association of Public Health Laboratories (APHL). "The vendor will also provide unlimited repair inclusive of travel, parts and labor." Without a service agreement, HETL may be considered out of regulatory compliance and would pay for repairs beyond cost of the service agreement.

**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: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>	<i>Ben Moran</i>	<b>Date:</b>	<i>3/26/20</i>
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>Justin Franzose</i>		
<b>Printed Name:</b>	AEE9C7B3A8044E... Justin Franzose	<b>Date:</b>	3/31/2020