

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 #:	CD0-20-5453		
Estimated Contract or Grant Amount:	\$5,096.52	Advantage CT / RQS #:	Draft RQS 10A 20200318*1061
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:	3/16/2020	Proposed End Date: 4/15/2020
Vendor/Provider/Grantee Name, City, State:	Mettler-Toledo Rainin, LLC 7500 Edgewater Drive, Oakland, CA 94621 Payment to: 27006 Network Place, Chicago, IL 60673-1270		
Brief Description of Goods/Services/Grant:	Various Pipette Tips GP UNV 10uL, 1000uL, 200uL, and 20uL needed for testing of the Coronavirus		

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
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
X	E. Emergency		K. Client Choice
	F. University Cooperative Project	X	L. Other Authorization: COVID-19

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
The purchase of various types of pipettes were needed for the Rainin Pipettors we have in house and use for the surge of testing samples consisting of COVID-19. The freight charge made this order go over the \$5K limit since the vendor did not know at the time of ordering how much the freight charge would be.
In the event that additional Pipettors are needed throughout the duration of this Governor Mill's Civil State of

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PART III: SUPPLEMENTAL QUESTIONS

Emergency regarding COVID-19, this PJF will apply.

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

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 in light of the Governor's Civil State of Emergency.

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

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.

Printed Name:

Ben Munn

Date:

3/27/20

**Signature of DAFS
Procurement Official:**

Justin Franzose

Printed Name:

DocuSigned by:
AEED9C7B3A8044E...
Justin Franzose

Date:

3/31/2020