

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 / Mary Alderman		
(If applicable) Department Reference #:	CD0-20-54SA55		
Estimated Contract or Grant Amount:	\$ 27,022.00	Advantage CT / RQS #:	Draft RQS 10A 20200303*978
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:	06/22/2020	Proposed End Date: 06/21/2021
Vendor/Provider/Grantee Name, City, State:	PerkinElmer, 710 Bridgeport Avenue, Shelton, CT 06484-4794 USA		
Brief Description of Goods/Services/Grant:	Service and Preventative Maintenance visit for Nexion 2000 Model ICP-MS (SN 815N8030701P) with associated Chiller, 4DXX Fast Autosampler, and associated PM kit and software		

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
X	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.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
This request is for the repair and preventative maintenance of scientific equipment (Nexion 2000 Model ICP-MS Mass Spectrometer and related equipment and software) manufactured by PerkinElmer to analyze clinical specimens (blood and urine) for heavy metal poisoning.

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PART III: SUPPLEMENTAL QUESTIONS

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

This equipment was manufactured by PerkinElmer which includes software and associated components. The instrument parts are proprietary and expertise is available only through PerkinElmer for service and maintenance of the equipment.

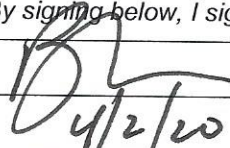

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The funds being used for this instrument are for Chemical Terrorism, under the CDC grant. These are negotiated costs and rates and reflect a 10% discount.

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

The department does not intend to RFP this service at this time. It is imperative that maintenance of instruments used in the laboratory to acquire data be conducted by a qualified service technician through PerkinElmer, who are familiar with the system components, products, applications and software.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:	 4/2/20 Benjamin Mann	Date:	4-2-2020
Signature of DAFS Procurement Official:	DocuSigned by:  Justin Franzose		
Printed Name:	AEED9C7B3A8044E... Justin Franzose	Date:	4/6/2020