



## 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.*

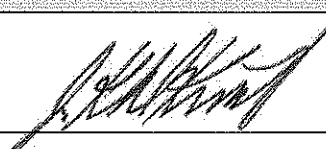
PART I: OVERVIEW			
Department Office/Division/Program:		DMR/Bureau of Public Health	
Department Contract Administrator or Grant Coordinator:		Kohl Kanwit / Marge Morissette	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 15,136.37	Advantage CT / RQS #:	13A 20220413000000001198
CONTRACT	Proposed Start Date:	5/1/2022	Proposed End Date: 6/30/2022
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:		Agilent 5301 Stevens Creek Blvd Santa Clara, CA 95051	
Brief Description of Goods/Services/Grant:		Autosampler for High Performance Liquid Chromatography system	

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.	<p>This item is needed to update current High Performance Liquid Chromatography (HPLC) equipment to meet the testing demands of the Maine Shellfish Sanitation Program in screening for Harmful Algal toxins in bivalve shellfish and in conformance with the National Shellfish Sanitation Program.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The vendor must be Agilent in order for the equipment to function properly with current HPLC systems that the state purchased in 2014.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Agilent provides state/government discounts and negotiated with us for a discounted price of the required plate reader.</p>
4. Describe the plan for future competition for the goods or services.	<p>There is no plan for future competition as modern HPLC systems can be updated in a modular fashion. To keep compatibility for all running systems, the vendor must be Agilent.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	J. Kohl Kanwit	Date: 4/13/2022

Signature of DAFS Procurement Official:	DocuSigned by: <i>Justin Franzose</i>		
Typed Name:	AEED9C7B3A8044E... Justin Franzose	Date:	4/25/2022