



## 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:		DHHS/Maine CDC/HETL			
Department Contract Administrator or Grant Coordinator:		Chris Moiles			
(If applicable) Department Reference #:		CD0-22-54SA21			
Amount: (Contract/Amendment/Grant)		\$6,766.68	Advantage CT / RQS #:		RQS 10A 20220404*1116
CONTRACT	Proposed Start Date:	2/1/2022		Proposed End Date:	1/31/2023
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:		Tuttnauer USA Co. Ltd. Hauppauge, New York			
Brief Description of Goods/Services/Grant:		Maintenance agreement for 2 autoclaves serial numbers 16121212 and 16121213 in Clinical Microbiology laboratory.			

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 checked="" 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.

This one-year maintenance agreement (MA) is for the clinical microbiology autoclaves. This MA ensures that the autoclaves are in good working order, provides 4 annual preventative maintenance visits (cost and labor), immediate service should the instrument not be in good working order, a 5% discount on parts and a discounted labor of \$140 an hour with a signed contact.

The laboratory determines that these services are critical to the sterilization/decontamination process regarding the use of the autoclaves due to the safety risks that are posed with the process of decontaminating labware, and laboratory tools in order to prevent biofilms, bioburden, or contaminants from easily spreading to staff personnel. Every clipboard, room, tube, and/or glassware must be decontaminated to prevent the spread of deadly diseases

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

Tuttnauer USA Company Ltd. is the sole supplier for service and or OEM replacement parts for Tuttnauer USA Autoclaves supported in the State of Maine.

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

This quote is at a discounted price due to the fact we are a "not-for-profit" organization. The "Elite" Preventative Maintenance package provides HETL 4 PM visits over a course of 1 year, with OEM parts and labor costs included. The vendor will provide unlimited repair, at a 5% discount on parts, and a discounted labor rate of \$140 per hour only with this signed service agreement.

Three other companies were contacted for quotes. One only provides MA's for the autoclaves they manufacture. Another never returned emails or calls, and the third, Getinge, provided a quote that was higher at \$11,550. Getinge would provide 4 PM visits but does not include parts or provide a parts discount. Getinge would need to purchase any needed OEM parts from Tuttnauer and those higher costs for parts would be passed on to the lab.

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

The department does not intend to RFP this service at this time.

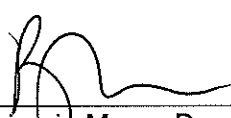
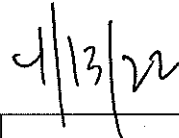
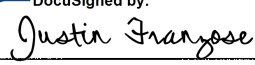
### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:	Benjamin Mann, Deputy Commissioner of Finance	Date:	
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	AEED9C7B3A8044E... Justin Franzose		4/28/2022