



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/Brianne Carrero	
(If applicable) Department Reference #:		CD0-24-5480	
Amount: (Contract/Amendment/Grant)	\$12,375.00	Advantage CT / RQS #:	RQS-10A-20240129000000001066
CONTRACT	Proposed Start Date:	3/1/2024	Proposed End Date: 5/23/2025
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:		NMS Labs Horsham, PA	
Brief Description of Goods/Services/Grant:		Subcontract testing of backlogged OUI urine drug samples.	

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.

Due to an extended urine drug validation, causing testing to be offline for over one year, there is a current backlog of urine samples pending testing. New testing methods have been online as of early 2023, but the improved methods are more time consuming, causing a decrease in the number of samples that can be tested each month. Currently, HETL receives less than ten urine samples each month, which would be within the testing abilities of the lab, if the backlog was cleared.

Approximately 40 of these backlogged samples have been identified as no longer requiring testing for a criminal proceeding, however, do still require testing for Bureau of Motor Vehicle administrative hearings. HETL is looking to send these 40 samples to NMS for testing to help with clearing a portion of the backlog and get to a point where the staff can keep up with incoming samples.

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

NMS has been the selected laboratory to perform this testing as they are the only lab available to meet the requirements in Title 29-A § 2524 for testing, by being accredited to ISO 17025 through American National Accreditation Board (ANAB), licensed by the Pennsylvania Department of Health, and Clinical Laboratory Improvement Amendments (CLIA). These accreditations and licenses guarantee the quality of the work to be performed will match the quality of work performed at HETL, and HETL is required to utilize an ANAB accredited laboratory to meet their own accreditation requirements.

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

The quoted pricing is \$4 more than what HETL charges for the service standard charge. This contract will be funded using federal Coverdell Grant funds.

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

If future contracts are required, an assessment of labs that meet the legal requirements will be performed. If other labs are identified a competitive process will be used for selecting the lab.

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

Does this request utilize ARPA/MJRP funds?


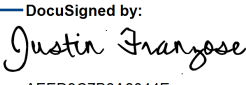
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	Ben Morris	Date:	8/28/24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>AEED9C7B3A8044E...</small>		
Typed Name:	Justin Franzose	Date:	4/2/2024