



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 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: | | Melanie Boucher | | |
| (If applicable) Department Reference #: | | CD0-25-54SA21 | | |
| Amount: (Contract/Amendment/Grant) | | \$ 15,300.00 | Advantage CT / RQS #: | RQS-10A-2025021200000000114 |
| CONTRACT | Proposed Start Date: | 11/1/2024 | Proposed End Date: | 10/31/2026 |
| 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. Boston, MA | | |
| Brief Description of Goods/Services/Grant: | | A 2-year Maintenance Agreement for three (3) autoclave instruments - serial numbers 16121212 and 16121213 in Clinical Microbiology and 18051720 in Environmental 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 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 two-year maintenance agreement (MA) is for the clinical microbiology and environmental laboratory autoclave instrumentation. This MA ensures that the autoclaves are in good working order, provides four (4) annual preventative maintenance visits (cost and labor), immediate service should the instrument not be in good working order, and a 5% discount on parts along with a discounted labor cost of \$200/hour with a signed contract. Having a two-year contract allows the pricing to remain the same for the second year.

In the environmental laboratory, the autoclave maintains appropriate temperatures that can digest environmental phosphorus samples, in addition to decontamination for regular disposal of positive bacteria samples.

The Health and Environmental Testing Laboratory deem these services to be critical to the sterilization/decontamination process, a requirement of each section of the lab. Every tool, small piece of equipment, media tube, and/or glassware must be decontaminated to prevent the spread of deadly diseases or significant contamination throughout the lab sections.

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 for OEM replacement parts for Tuttnauer USA Autoclaves.

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 because the laboratory is considered a “not-for-profit” organization. The “Silver” Preventative Maintenance package provides four (4) preventative maintenance visits over a course of a year, with OEM parts and labor costs included. The vendor will provide unlimited repair, at a 5% discounted rate on parts, and a discounted labor rate of \$200 per hour, with a signed service agreement.

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, 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.


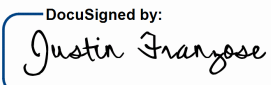
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

| | | | |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|
| Signature of requesting Department's Commissioner (or designee): |  | | |
| Typed Name: | Ben Mann | Date: | 2/10/25 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small>  <small>A EED9C7B3A8044E...</small> | | |
| Typed Name: | Justin Franzose | Date: | 4/3/2025 |