



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

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:		Chris Moiles / Lyndsay Frank	
(If applicable) Department Reference #:		CD0-25-54CSA20	
Amount: (Contract/Amendment/Grant)	\$ 28,272.00	Advantage CT / RQS #:	RQS 10A 20250326000000001375
CONTRACT	Proposed Start Date:	6/13/2025	Proposed End Date: 6/12/2027
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:		PerkinElmer U.S. LLC SHELTON, CT	
Brief Description of Goods/Services/Grant:		This is for a two (2) year service agreement for our 900Z. Please see quote # 40895275, equipment serial # PZBS17042501.	

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 checked="" 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/service agreement (SA) is for the PerkinElmer PinAAcle 900Z, which is used for blood lead testing. This SA ensures that the instrument receives a yearly preventative maintenance visit, and immediate service should the instrument be rendered inoperable.

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

This equipment is proprietary. PerkinElmer Health Sciences is the only approved source for PerkinElmer factory new or remanufactured repair parts for the PerkinElmer PinAAcle 900Z. The vendor's service team consists of PerkinElmer factory trained and certified engineers who are the only ones PerkinElmer authorizes to perform service and installation for instrumentation manufactured and sold by PerkinElmer.

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

The laboratory has received multiple discounts on these systems due to its "not-for-profit laboratory" status and HETL being a member of the Association of Public Health Laboratories (APHL). The discounts include 10% on qualification services and 15% on training for the PinAAcle 900Z, and 10% discount on training for the AA software. The vendor also provides unlimited repair service of travel, parts and labor. Without a service agreement, HETL may be considered out of regulatory compliance and would pay for repairs beyond cost of the 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.


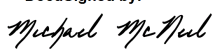
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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: 4/9/25
Signature of DAFS Procurement Official:	DocuSigned by: 	
Typed Name:	Michael McNeil	Date: 4/16/2025

NOI 0420250327