



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 \$10,000 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:		Maine CDC – Division of Disease Surveillance		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stephanie Wood		
(If applicable) Department Reference #:		CD0-26-51CAP102SA		
Agency Department Code:	10A	Advantage CT / RQS #:	RQS	20260406000000001565
Amount: (Contract/Amendment/Grant)		\$103,252.00		
CONTRACT	Proposed/Original Start Date:	4/1/2026	Proposed/Most Recent End Date:	2/28/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Cepheid Chicago, IL 60674-7537		
Brief Description of Goods/Services/Grant:		Hepatitis C RNA point of care GeneXpert Xpress IV-4Site 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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	The Maine CDC is responsible for protecting public health from blood-borne diseases, such as Hepatitis C. The Maine CDC accomplishes this in part by conducting Hepatitis surveillance, which provides the necessary information to determine the areas with the highest burden of the disease and identify the risk factors for transmission. In recent years, Maine has seen a sharp increase in Hepatitis C cases, especially among persons who inject drugs and those who are incarcerated. Maine is also experiencing an outbreak of HIV and hepatitis C among people who inject drugs in Penobscot County and an increase in HIV among people who inject drugs in other parts of the State. To address the increase in Hepatitis C, the Maine CDC will utilize US CDC grant funds from PS21-2103 to purchase a GeneXpert Xpress system for HCV RNA point-of-care testing as part of a pilot project with a partner organization. This testing method will allow on-site confirmatory testing and reduce barriers to treatment services linkage.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	Cepheid is the only company with an FDA approved HCV RNA POC test in the United States. Cepheid is also offering 18% discount rates for state health departments.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Maine CDC determined that the costs of this equipment are reasonable given the discounted amount.
4. Describe the plan for future competition for the goods or services.	This is a one-time funding use and program does not foresee additional funds will be available for this project.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

**PART VI: APPROVALS**

Governor/Department Commissioner or Designee

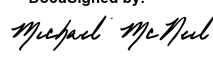
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Todd Haber, Acting Deputy Commissioner of Finance	Date:	4/13/2026

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	4/22/2026

NOI 0420260256 4/22-4/28