



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 #:		CD0-22-54CAP28		
Amount: (Contract/Amendment/Grant)	\$ 195,883.82	Advantage CT / RQS #:	10A 20220408*1171	
CONTRACT	Proposed Start Date:	03/07/2022	Proposed End Date:	07/30/2022
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:		Gerstel, Inc Linthicum, MD		
Brief Description of Goods/Services/Grant:		New Gerstel Multipurpose Robotic Sampler with an 8890 GC, 5977B MS, and Gerstel Cryogenic Trap System from quote # Q0103519		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

The purpose of this agreement is to replace a critical piece of instrumentation that is no longer operational for testing required to meet a Level 2 status on the Chemical Terrorism 2019-2024 Health Emergency Preparedness (PHEP) Notice of Funding Opportunity (NOFO) Federal Grant. The instrument must be equipped with a Gerstel Multipurpose Robotic Sampler with an 8890 GC, 5977B MS, and Gerstel Cryogenic Trap System as specified in the quote provided. This instrument is required for the 2022-2023 fiscal year for the purpose of completing testing of Cyanide in Blood for Chemical Terrorism. This instrument will also serve for testing both the VOCs in Serum and Tetramine in Urine methods. These methods are CORE methods required to fulfill the 2019-2024 Health Emergency Preparedness (PHEP) Notice of Funding Opportunity (NOFO) Federal Grant requirements.

The upcoming Proficiency Test (PT) Challenge that must be completed for the cyanide method is due September 6th through September 23rd. The instrument needs to be on site for a minimum of one and half months prior to the PT Challenge to ensure that the cyanide method and instrumentation are validated accurately and precisely as well as to allow time and consideration for scheduling with the vendor for training and setup/initialization of the instrumentation. Once the instrument is purchased it will take the vendor 6 weeks to build. All of these considerations must be taken to carefully ensure everything is completed correctly and ensure we are compliant with grants requirements or risk losing future federal funding.

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

Gerstel, Inc. is the sole vendor of this equipment. The system integrates Gerstel's Robotic autosampler and Maestrol software with the Agilent 8890 Gas Chromatograph and 5977 Mass Spectrometer with ChemStation/MassHunter software, to make liquid, SPME and Static Headspace injections. This system includes an automatic syringe changer, Cryotrap, and cooled tray holder used to perform the CDC's LRN-C chemical terrorism methods for cyanide, lewisites, VOCs and tetramine in body fluids. The instrument meets the exact specifications of these methods written by the CDC.

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 is also a member of the Association of Public Health Laboratories (APHL). The discounts include 10% on qualification services and 15% on training. "The vendor will also provide 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.

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

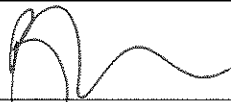
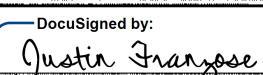
Does this request utilize ARPA/MJRP funds?

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:	Ben Mann, Deputy Commissioner of Finance	Date:	4/29/22
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>AEE09C7B3A8044E</small> Justin Franzose	Date:	5/2/2022