



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 Lauren Gauthier / Robert Chicoria		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall		
(If applicable) Department Reference #:		CD0-23-5140		
Amount: (Contract/Amendment/Grant)		\$ 150,000.00	Advantage CT / RQS #:	RQS 10A 20230503*1342
CONTRACT	Proposed Start Date:	3/20/2023	Proposed End Date:	5/30/2023
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:		Lochness Medical Supplies Inc, Buffalo, NY		
Brief Description of Goods/Services/Grant:		To purchase fentanyl drug testing kits that can be used by syringe service programs as well as overdose prevention partners.		

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.

Opioid overdoses are increasing in Maine. There are various harm reduction and prevention services that are being utilized to prevent overdoses and reduce disease transmission. Some harm reduction methods include, syringe service programs (SSPs), overdose prevention navigation, naloxone distribution, and drug testing kits. Since fentanyl is commonly one of the major opioid analogs that can have detrimental health outcomes to people who use drugs, the use fentanyl test strips (FTS) are one way of reducing drug overdoses. SSPs and other overdose prevention partners can provide education and FTS directly to clients who use drugs. Thus, allowing clients more agency to test their supply and prevent overdoses. The funding for FTS is supported by CDC's Overdose Data to Action (OD2A) grant which supports states in prevention and response efforts to reduce fatal and nonfatal overdoses.

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

Lochness Medical Supplies is a biotechnology company that has created a point-of-care, rapid fentanyl testing strip immunoassay that can be used in the field. The "Rapid Response" Fentanyl (FYL) Test Strip has shown that it has the highest level of accuracy with the lowest detection limit compared to other test technology. It is the only rapid point-of-care product that can detect the most fentanyl analogs.

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

Lochness Medical Supplies are reasonable for other point-of-care rapid tests for other diseases. And are the only brand with published study results on their use that are currently available.

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

When other strips become available that are researched, and as easy to use and can detect a similar amount of analogs or more and are cost-effective we'll reassess what competition measures should be taken.

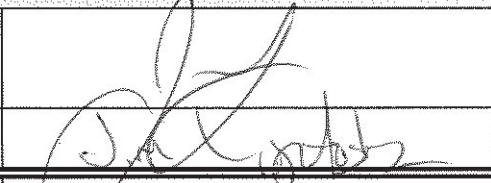
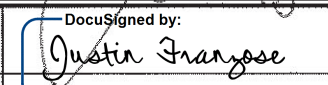
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:		Date:	13-Apr-23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	JUSTIN FRANZOSE <small>A5ED9C7B3A8044E</small>	Date:	5/18/2023