



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, MECDC, HETL, clinical microbiology	
Department Contract Administrator or Grant Coordinator:		Brienne Carrero	
(If applicable) Department Reference #:		CD0-25-54MA14	
Amount: (Contract/Amendment/Grant)	\$ 100,000 estimated per year	Advantage CT / RQS #:	RQS-10A-20250304000000001236
<b>CONTRACT</b>	Proposed Start Date:	<b>4/8/2025</b>	Proposed End Date: <b>5/31/2026</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Qiagen Germantown MD	
Brief Description of Goods/Services/Grant:		Molecular biology and Wastewater surveillance supplies	

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.

In response to the COVID-19 pandemic, CDC launched the National Wastewater Surveillance System (NWSS) in September 2020. CDC developed NWSS to coordinate and build the nation's capacity to track the presence of SARS-CoV-2, the virus that causes COVID-19, in wastewater samples collected across the country. CDC's NWSS works with health departments to track SARS-CoV-2 levels in wastewater so communities can act quickly to prevent the spread of COVID-19. NWSS is transforming independent local efforts into a robust, sustainable national surveillance system. HETL follows the SARS-CoV-2 Wastewater Surveillance Testing Guide for Public Health Laboratories located at [https://www.aphl.org/programs/environmental\\_health/Pages/Wastewater-Surveillance.aspx](https://www.aphl.org/programs/environmental_health/Pages/Wastewater-Surveillance.aspx).

In order to participate, the items sold by this vendor are used in the detection and amplification of viruses such as SARS-CoV-2, Influenza, and RSV from wastewater.

These supplies will be used with the ThermoFisher Kingfisher Flex nucleic acid extraction platform and the Qiagen QIAcuity ddPCR platform in a biosafety level 2 and 3 laboratory.

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

The items in this master agreement are only sold and manufactured by Qiagen. These items are required to be used in new Wastewater surveillance protocols and with our Qiagen QIAcuity ddPCR thermocycler.

The protocol chosen by HETL for wastewater utilizes Ceres for viral concentration, ThermoFisher for viral DNA/RNA extraction, GT Molecular for viral DNA/RNA detection, and Qiagen for viral DNA/RNA amplification.

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

- Funding
  - Funding for this master agreement comes from the Federal CDC ELC COVID-19 National Wastewater Surveillance System (NWSS).
- DHHS
  - HETL is the infectious disease laboratory for DHHS. No other department in DHHS has a biosafety level-3 laboratory, with the required staffing, equipment, and grant funding. HETL is the laboratory which DHHS uses for this type of work and therefore cannot compare them to similar commodities DHHS already purchases. The items listed in this master agreement are currently not used at HETL.
- Financial Market research
  - No market research conducted. These are the supplies that are required to be used in the assays and protocols chosen by HETL.
- Laboratory Market research
  - This is the only vendor which manufactures and sells the selected items. Please see attached vendor sole source documentation.

**PART III: SUPPLEMENTAL INFORMATION**

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

HETL will utilize The Office of State Procurement Services competitive bid processes if other vendors are located that can supply these items.

**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.

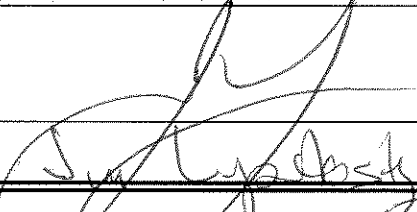

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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:		Date:	20 May 25
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	5/28/2025

NOI 052025090 5/28-6/3