



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:		Chris Moiles / Lyndsay Frank	
(If applicable) Department Reference #:		CD0-25-54MA19	
Amount: (Contract/Amendment/Grant)	\$ 50,000 estimated per year	Advantage CT / RQS #:	RQS 10A 20250429000000001568
CONTRACT	Proposed Start Date:	5/1/2025	Proposed End Date: 12/31/2026
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	wgbhProject End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Life Technologies Corporation Grand Island, New York	
Brief Description of Goods/Services/Grant:		Microbiology equipment, reagents and consumables for laboratory testing	

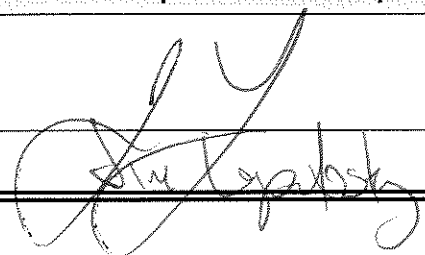
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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.
Equipment, reagents and consumables itemized in the Price List are required for routine testing at HETL. Testing includes real-time PCR, 16s sequencing, whole genome sequencing, human arboviral panel, and wastewater surveillance within the multiple sections of Clinical Microbiology.	
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
Items in the Price List are only sold and manufactured by Life Technologies Corporation and are specific to laboratory instruments currently in use.	
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The vendor has provided discounted pricing to HETL.	
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?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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-Mg-25

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Signature of DAFS Procurement Official:	DocuSigned by: <i>Michael McNeil</i> 7008796FB36A449...	
Typed Name:	Michael McNeil	Date: 5/29/2025

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