

State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/Maine CDC/HETL			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Mary Alderman			
(If applicable) Department Reference #:	CD0-20-54SA33			
Amount: (Contract/Amendment/Grant)	\$10,272.00	Advantage CT / RQS #:	Draft RQS10A20200417*1143	
CONTRACT	Proposed Start Date:	6/13/2020	Proposed End Date:	6/12/2021
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:	PerkinElmer Health Sciences, INC, 710 Bridgeport Avenue Shelton, 06484-4794, USA			
Brief Description of Goods/Services/Grant:	PinAAcle 900Z Childhood Blood Lead Gold Service Plan, 1 Preventive Maintenance Visit, Non-Consumable Parts, Labor, Travel and Phone/Remote Support, 10% Discount on Training			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
This one-year maintenance/service agreement (SA) is for the PerkinElmer PinAAcle 900Z. This SA ensures that the instrument receives a yearly preventative maintenance visit, and immediate service should the instrument be rendered inoperable. The vendor will provide a 10% discount on training.
HETL is required to conduct blood lead testing of pediatric patients as found in the following statute: Title 22: HEALTH AND WELFARE Subtitle 2: HEALTH

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PART III: SUPPLEMENTAL INFORMATION

Part 3: PUBLIC HEALTH
Chapter 252: LEAD POISONING CONTROL ACT

According to Federal codes of the Clinical Laboratory Improvement Amendments (CLIA), HETL is required to have preventative maintenance on all equipment to ensure the equipment is in good working order. Without this preventative maintenance visit, HETL is out of compliance and subject to findings when HETL is inspected this Spring, 2021.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

PerkinElmer Health Sciences, Inc. is the only approved source for PerkinElmer factory new, or remanufactured repair parts for this PerkinElmer equipment. In addition, the local PerkinElmer service team consists of PerkinElmer factory trained/certified engineers; the only source PerkinElmer authorizes to provide service and installation for instrumentation manufactured and sold by PerkinElmer.

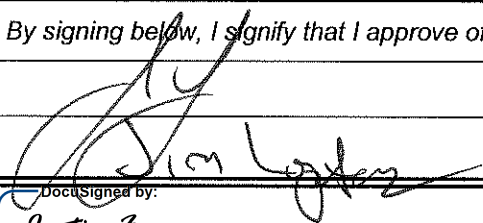
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The vendor is providing a 10% discount for training, due to the age of the equipment, and the fact that HETL is a "not-for-profit" organization.

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

The department does not intend to RFP this service at this time.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	3-Jun-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Justin Franzose</i>		
Printed Name:	<small>AEEED9C7B3A8044E...</small> Justin Franzose	Date:	6/8/2020