

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.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/Maine CDC			
Department Contract Administrator or Grant Coordinator:	Chris Moiles			
(If applicable) Department Reference #:	CD0-21-54SA39			
Amount: (Contract/Amendment/Grant)	\$ 8,409.95	Advantage CT / RQS #:	Draft RQS 10A 20210518000000001081	
CONTRACT	Proposed Start Date:	05/24/2021	Proposed End Date:	10/31/2021
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:	Molecular BioProducts Inc. (ThermoFisher Scientific) 2 Radcliff Road, Suite 1 / Remit: 7704 Collection Center Drive Tewksbury, MA 01876 / Remit: Chicago, IL 60693			
Brief Description of Goods/Services/Grant:	Service agreement for calibration of pipettes in Clinical Microbiology laboratory.			

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.
<p>This one-year maintenance agreement (MA) is for the clinical microbiology pipettes to receive their annual calibration. This maintenance agreement ensures that the pipettes are in good working order, provides one (1) annual preventative maintenance visit (cost and labor) and assures the accuracy is correct on each pipette device.</p>

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PART III: SUPPLEMENTAL INFORMATION

CLIA certification, Select Agent, LRN, and APHL require that all pipettes be annually serviced and calibrated in order to demonstrate reliability and accuracy.

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

This vendor comes to HETL and completes the calibration and planned maintenance of the pipettes onsite, without interrupting the testing that takes place at HETL. All other vendors require pipettes to be sent to their facility, which would require testing at HETL to come to a complete stop, as HETL does not have any spare sets of pipettes, at this time, to allow this to occur.

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

The vendor offers a \$5.00 discount per pipette with a signed contract.

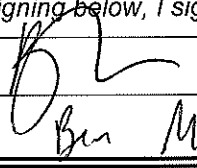
4. Describe the plan for future competition for the goods or services.

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

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.



Printed Name:

Ben Munro

Date:

6/22/21

**Signature of DAFS
Procurement Official:**

DocuSigned by:
Justin Franzose

Printed Name:

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Justin Franzose

Date:

6/28/2021