



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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:		Marine Science, Public Health		
Department Contract Administrator or Grant Coordinator:		Jill MacLeod/Angela Hopkins		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$12,695.27	Advantage CT / RQS #:	13A	20220516000000001348
CONTRACT	Proposed Start Date:	6/1/2022	Proposed End Date:	6/30/2022
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:		Agilent 5301 Stevens Creek Blvd, Santa Clara, CA		
Brief Description of Goods/Services/Grant:		HPLC system components, software and 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 checked="" type="checkbox"/>	L. Other Authorization

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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.

Our HPLC systems are manufactured by Agilent and the software that controls these systems had to be upgraded to work with Windows 10, as OIT pushed that update. We worked with Windows 7 as long as we were allowed.

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

Agilent develops the proprietary software and thus can only be provided by Agilent.

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

We use Agilent components and software for all four of our HPLC systems and they give us a substantial discount as we are a state program.

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

We cannot use a competitor's software to run Agilent systems.

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: J. Kohl Kanwit

Date: 5/16/2022

Signature of DAFS
Procurement Official:

Typed Name: Joseph Zrioka

Date: 6/2/2022