



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:		DHHS/Maine CDC	
Department Contract Administrator or Grant Coordinator:		Chris Moiles	
(If applicable) Department Reference #:		CD0-22-54SA55	
Amount: (Contract/Amendment/Grant)	\$ 30,180.00	Advantage CT / RQS #:	RQS 10A 20220505*1296
CONTRACT	Proposed Start Date:	6/22/2022	Proposed End Date: 6/21/2023
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. Shelton CT	
Brief Description of Goods/Services/Grant:		Service Agreement for Perkin Elmer NEXION 200o MODEL P(SN: 815N8030701P), 4DXX FAST Dual Rinse Autosampler(SN: SC4-180468), MAS Software for Autosampler (SN: SC4-180468), CHILLER -1HP 230v/60HZ (SN: 1803-02980), MASS Software for Nexion 2000(SN: 815N8030701P), ICP-MS NEXION 200op PM KIT	

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.

This request is for the repair and preventative maintenance of scientific equipment (Nexion 2000 Model ICP-MS Mass Spectrometer and related equipment and software) manufactured by PerkinElmer to analyze clinical specimens (blood and urine) for heavy metal poisoning.

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

This equipment was manufactured by PerkinElmer and includes proprietary software and associated components. The instrument parts are proprietary, and expertise is available only through PerkinElmer for services and maintenance of the equipment. PerkinElmer Health Sciences Inc, is the only approved and authorized source to perform service on the PerkinElmer NEXION 2000 instrumentation.

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

The Health and Environmental Testing Laboratory has received multiple discounts on this service agreement due to its "not-for-profit laboratory" status and because is a member of the Association of Public Health Laboratories (APHL). The discounts include 10% on qualification services and 15% on training. Further, the vendor will also provide unlimited repair service of travel, parts and labor. Without a service agreement, HETL may be considered out of regulatory compliance and would pay for repairs beyond cost of the service agreement.

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

The Department does not intend to RFP this service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

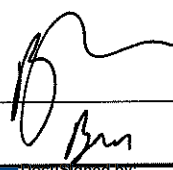
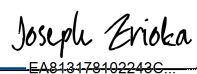
Does this request utilize ARPA/MJRP funds?

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:	Ben Mann	Date: 6/22/22
Signature of DAFS Procurement Official:		
Typed Name:	Joseph Zrioka	Date: 6/24/2022