



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 #:		CD0-23-54MA01		
Amount: (Contract/Amendment/Grant)	\$ 0.00 (consumables as needed based on testing volume)	Advantage CT / RQS #:	RQS 10A 20230413000000001273	
CONTRACT	Proposed Start Date:	4/10/2023	Proposed End Date:	4/9/2026
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:		Becton Dickinson and Company. BD Life Sciences - Integrated Diagnostic Solutions Business Unit Sparks, MD		
Brief Description of Goods/Services/Grant:		Master Agreement for the BACTEC MGIT 960 mycobacterium automated culture machine.		

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 is a 36-month acquisition agreement between Health and Environmental Testing Laboratory (HETL) and Becton, Dickson, and Company for the use of their equipment, consumables, accessories, and proprietary software.

The BACTEC MGIT 960 instrument is a fully automated system that exploits the fluorescence of an oxygen sensor to detect growth of mycobacteria in culture. Its performance was compared to those of the radiometric BACTEC 460 instrument and egg-based Lowenstein-Jensen medium. HETL uses this equipment to detect various species of mycobacterium, including Mycobacterium tuberculosis.

These products are critical to conduct the work regarding identification of pathogens of human interest and allows physicians and public health workers to make timely and crucial decisions for their patients with an unknown illness and to assist in outbreak detection and disease tracking. The master agreement allows HETL to maintain proper instrument functionality to meet all accreditation requirements set forth by the Clinical Laboratory Inspection Amendments.

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

The items in this master agreement are only sold and manufactured by Becton Dickinson. The items listed can only be used with the BACTEC MGIT 960 mycobacterium automated culture machine.

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

The Master Agreements provides for Becton Dickson's lowest cost on consumables purchased.

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

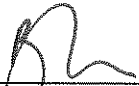
Does this request utilize ARPA/MJRP funds?

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:	6/5/25
Signature of DAFS Procurement Official:			
Typed Name:		Date:	