



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/Maine CDC/HETL		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		CD0-25-5496		
Amount: (Contract/Amendment/Grant)		\$ 25,000.00	Advantage CT / RQS #:	RQS-10A-20250227000000001215
CONTRACT	Proposed Start Date:	4/1/2025	Proposed End Date:	3/31/2026
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:		Quest Consumer Inc. Secaucus, New Jersey		
Brief Description of Goods/Services/Grant:		Human clinical diagnostic testing for bacterial and viral infectious diseases.		

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.

The Health and Environmental Testing Laboratory (HETL) performs various human clinical diagnostic testing for bacterial and viral infectious diseases. Including such disease categories as, foodborne, waterborne, vectorborne, sexually transmitted, hospital associated, vaccine preventable, enteric, and respiratory.

To ensure continuity of operations if testing at HETL is suspended, and to ensure the Department is meeting its goals of preserving, promoting, and protecting the health of Maine citizens, HETL needs to establish a contract with an external private laboratory to ensure testing is accomplished and in turn, HETL will maintain important relationships with clients and clinicians.

In addition, HETL is required to ensure laboratory continuity of operations for public health emergency preparedness planning (PHEP).

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

In February 2024, the Department issued an RFQ through the Office of State Procurement Services, and no quotes were received. In September 2024, HETL contacted Quest Diagnostics, but they were unable to offer a quote at the time. In January of 2025, a quote was finally created.

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

Costs were provided on a per test amount which the Department considers fair and reasonable.

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, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

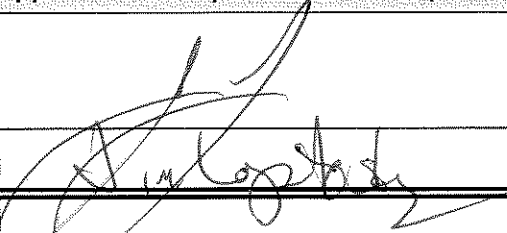
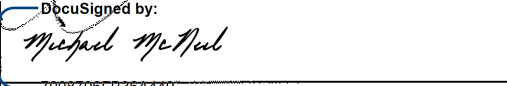
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

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PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	5-May-25
Signature of DAFS Procurement Official:			
Typed Name:	Michael McNeil	Date:	6/9/2025