



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/ Morgan Easler/Heather Greiser		
Department Contract Administrator or Grant Coordinator:		Brianna Carrero / Lyndsay Frank		
(If applicable) Department Reference #:		CD0-25-54CAP29		
Amount: (Contract/Amendment/Grant)		\$7,694.00	Advantage CT / RQS #:	RQS 10A 20250429000000001573
CONTRACT	Proposed Start Date:	5/1/2025	Proposed End Date:	9/30/2025
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:		The Baker Company Sanford, ME		
Brief Description of Goods/Services/Grant:		This is for the purchase of a 4 foot SterilGARD BioSafety Cabinet for the Health and Environmental Testing Lab (HETL).		

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 checked="" 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.

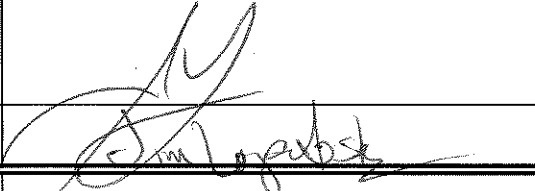

PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	This is for the purchase of a 4 foot SterilGARD Class II Type A2/A1 Biological Safety Cabinet (BSC). This BSC will be installed in HETL's Bacteriology Laboratory. The current BSC in the Bacteriology lab is no longer supported by the manufacturer. This means that if the BSC malfunctions, HETL will not be able to get it repaired. HETL uses this equipment in the diagnostic and surveillance testing of foodborne, waterborne, vaccine preventable, and hospital acquired bacteria. Without this equipment, HETL may not be able to ensure timely results to medical submitters, patients, and epidemiology.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	HETL already uses multiple BSCs manufactured by the Baker Company. HETL also uses a 4 foot SterilGARD Class II Type A2/A1 Biological Safety Cabinet from Baker. This is a direct replacement with an updated model which fits within the laboratory space and does not need new HVAC or electrical work.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Funding for this master agreement comes from the Federal CDC ELC COVID-19 SHARP supplemental grant.
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?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	3-Jun-25
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	6/13/2025

NOI 0620250569 6/13-6/19