

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, MECDC, HETL, clinical microbiology | | |
| Department Contract Administrator or Grant Coordinator: | Chris Moiles / Melinda Farrell | | |
| (If applicable) Department Reference #: | CD0-25-54MA13 | | |
| Amount: (Contract/Amendment/Grant) | \$20,000.00 estimated per year | Advantage CT / RQS #: | RQS 10A 20250311000000001275 |
| CONTRACT | Proposed Start Date: | 4/28/2025 | Proposed End Date: 12/31/2025 |
| 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: | New England Biolabs Boston, MA | | |
| Brief Description of Goods/Services/Grant: | Molecular biology and whole genome sequencing 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 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.

These supplies are for new whole genome sequencing projects budgeted for in the Federal CDC ELC COVID-19 Advanced Molecular Detection 2 (AMD) supplemental grant. These surveillance projects are for the detection of viruses in vectorborne organisms (ticks, mosquitoes) and in influenza host animals (pigs, birds). This work directly influences the outbreak detection and disease tracking work conducted by Maine CDC's vectorborne and respiratory working group and other state agencies such as Inland Fisheries and Wildlife (INF&W), Department of Agriculture, Conservation and Forestry (DACF).

These supplies will be used with the ThermoFisher Kingfisher Flex nucleic acid extraction platform, manual and/or automated Qiagen nucleic acid extraction platforms, the Illumina MiSeq whole genome sequencer and/or the Oxford Nanopore whole genome sequencer platform in a biosafety level 2 and 3 laboratory.

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 New England Biolabs. These items are required to be used in new whole genome sequencing surveillance protocols, and are specific for the detection, amplification, and library preparation of viruses in samples.

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

New England Biolabs is the only vendor that manufactures and sells the selected items. These are the supplies that are required to be used in the assays and protocols chosen by HETL.

Funding for this master agreement comes from the Federal CDC ELC COVID-19 Advanced Molecular Detection 2 (AMD) supplemental grant.

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

HETL will utilize The Office of State Procurement Services competitive bid processes if other vendors are located that can supply these items.

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.

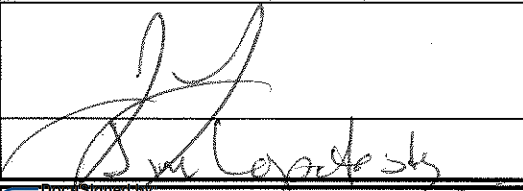

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

| | | |
|--|--|-----------------|
| Signature of requesting Department's Commissioner (or designee): |  | |
| Typed Name: | David Legrand | Date: 11-Jun-25 |
| Signature of DAFS Procurement Official: |  | |
| Typed Name: | Michael McNeil | Date: 6/13/2025 |

NOI 0620250570 6/13-6/19