



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/Samson Omole	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		CD0-25-54SA52	
Amount: (Contract/Amendment/Grant)	\$ 12,422.80	Advantage CT / RQS #:	RQS-10A-20241119000000000729
CONTRACT	Proposed Start Date:	1/1/2025	Proposed End Date: 12/30/2025
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:		Industrial Calibration and Service Company Hudson, NH	
Brief Description of Goods/Services/Grant:		Maintenance agreement for annual calibration of support equipment in Inorganic and Organic section of 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 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.

AIHA LAP, LLC certification manual states, "Any external calibration service used shall be a calibration laboratory accredited to ISO/IEC 17025:2017 by a recognized accreditation body."

MLAP and EPA certification manuals state, "All support equipment must be calibrated or verified at least annually, using references from an accredited third party or a National Metrology Institute (e.g., NIST) which are traceable to the SI."

Annual external calibrations are required to maintain accreditation for American Industrial Hygiene Association (AIHA LAP, LLC), Maine Laboratory Accreditation Program (MLAP), Radiation Control Program (RCP), and Environmental Protection Agency (EPA). Without accreditation by these agencies, Maine Health and Environmental Testing Laboratory (HETL) cannot perform any water or environmental analyses for the state of Maine which is critical to the health of Maine citizens and business operations of the Environmental Section of Maine HETL.

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

The Department requested a calibration services quote from IN-CAL. IN-CAL provides a unique and customized web-based Calibration Management System to the HETL that is necessary to allow the HETL to manage equipment, run equipment/asset reports, and view calibration certificates. This tracking system is unique to IN-CAL and not offered by other vendors.

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

The services provided by IN-CAL satisfy HETL requirements to maintain AIHA LAP, LLC, EPA, MLAP, RCP, and EPA accreditations. The price quote has been negotiated to be similar to the previous contract and reasonable for these services and accreditations.

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

HETL does not intend to RFP these services at this time.

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.

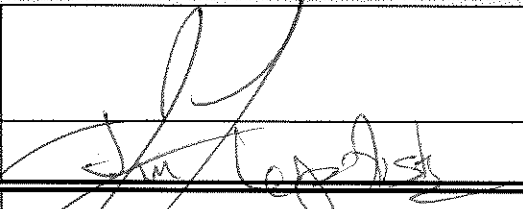
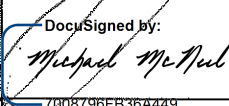
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:		Date:	29-May-25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	Michael McNeil	Date:	6/17/2025

NOI 0620250587 6/17-6/23