



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:		Chris Moiles / Melanie Boucher	
(If applicable) Department Reference #:		CD0-25-54CAP21	
Amount: (Contract/Amendment/Grant)	\$ 14,568.83	Advantage CT / RQS #:	RQS 10A 20241122000000000741
CONTRACT	Proposed Start Date:	12/1/2024	Proposed End Date: 6/30/2025
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:		Fisher Scientific Company LLC Hanover Park, IL	
Brief Description of Goods/Services/Grant:		This is for the purchase of a large CO2 incubator which will be used for the identification of Mycobacterium tuberculosis (MTB) from clinical samples.	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input checked="" type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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 checked="" 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.

Mycobacterium tuberculosis (MTB), is the world’s most deadly infectious disease, with 25% of the world’s population infected. Since 2020, the Mycobacterium workload in Maine has increased by 58%, and the number of positive MTB cases for 2024 is projected to be twice the number of 2023. Active pulmonary MTB is highly infectious, and treatment involves prolonged administration of multiple drugs. This CO2 incubator will be used to update the method of determining the presence of TB organisms in patient samples much more quickly (decrease turn-around time). Having the CO2 incubator to identify MTB positive samples would benefit the people of the State of Maine, through quicker detection of positive patients, leading to improved access to treatment and/or individualized treatment if resistance is detected, which would in turn help slow the spread of MTB in Maine.

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

Based on the quotation being the lowest and the vendor meeting the required specifications of the CO2 incubator. Quote includes shipping, freight and movement from delivery truck to the lab in the cost.

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

The vendor provided a discount of 15 – 25% based on list price.

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

RFQ process with vendors that provide small laboratory equipment as well as larger units considered to be capital equipment.

**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.


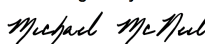
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*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:	Ben Murr	Date:	12/19/24
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	6/20/2025

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