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 $10,000 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:	MCDC/Division of Disease Prevention/Children with Special Health Needs			
Department Contract Administrator or Grant Coordinator:	Chris Moiles/ Naomi Montag/ Stephanie Wood			
(If applicable) Department Reference #:	CD0-26-4257B			
Agency Department Code:	10A	Advantage CT / RQS #:	20250508000CD0264257	
Amount: (Contract/Amendment/Grant)	Amend B: $ 825,586.68 Revised Total: $ 2,445,062.86			
CONTRACT	Proposed/Original Start Date:	**7/1/2025**	Proposed/Most Recent End Date:	**6/30/2026**
AMENDMENT	New Effective Date:	**6/30/2026**	New End Date (if Applicable):	**12/31/2026**
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	University of Massachusetts Worcester, MA			
Brief Description of Goods/Services/Grant:	Newborn Bloodspot Screening laboratory services			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☒	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 purpose of this Agreement is to provide newborn bloodspot screening laboratory services for the Maine Newborn Bloodspot Screening Program (MNBSP). MNBSP currently screens for thirty-three (33) treatable genetic disorders and twenty-one (21) secondary conditions. These fifty-four (54) total conditions untreated may cause intellectual disability, serious illness, or death. The goal of the program is to assure that all infants affected by selected disorders benefit from early identification and treatment to prevent or mitigate the effects of the disorders.

The Department's Newborn Bloodspot Screening Program functions under the authorization of the Legislative statutes 22 M.R.S.A. §§ 1532 & 1533, which requires that all infants born in Maine be screened for selected disorders, except in cases where parents refuse on religious grounds. 22 M.R.S.A. § 1532.

The Provider shall provide laboratory newborn screening services including: timely transportation of Newborn Bloodspot Screening Specimens (Specimens) from Maine Birth Hospitals, laboratory analysis of Specimens for the fifty-four (54) disorders included in the Maine Newborn Screening Panel, reporting of all normal and abnormal results to the Department and consulting with the Department and healthcare providers on newborn screening.

To avoid any gap in services, Amendment B will extend services until the current RFP is awarded and the new agreement begins.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The University of Massachusetts was the selected vendor who scored the highest on RFP #201702037. The RFP period has ended.

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

The University of Massachusetts was granted this contract via RFP #201702037. During negotiation, the Department deemed the costs/rates to be fair and reasonable.

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

A competitive process through RFP MCDCP20246 is underway with a contract start date of 1/1/2027.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky, Director of Contract Management	Date:	20-May-26

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: Kathy Blais 41C2BA36FAF44CD...		
Typed Name:	Kathy Blais	Date:	6/4/2026