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:	DHHS/ME CDC HETL/Clinical Microbiology			
Department Contract Administrator or Grant Coordinator:	Chris Moiles/Morgan Easler/Sim Meak/ Stephanie Wood			
(If applicable) Department Reference #:	CD0-26-54MA20 MA 18P 170227-0098 MM			
Agency Department Code:	10A	Advantage CT / RQS #:	202605150CD02654MA20	
Amount: (Contract/Amendment/Grant)	Estimated $300,000 annually			
CONTRACT	Proposed/Original Start Date:	**2/15/2026**	Proposed/Most Recent End Date:	**2/14/2027**
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Illumina, Inc. 5200 Illumina Way San Diego, CA 92122			
Brief Description of Goods/Services/Grant:	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.)

☐	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 laboratory supplies purchased on this PJF will be used on our Illumina MiSeq equipment for the whole genome sequencing of PulseNet foodborne/waterborne bacteria (Salmonella, E. coli, Listeria, Shigella, Vibrio, Campylobacter), Antibiotic Resistance Laboratory Network bacteria (Enterobacter, Klebsiella, MRSA), Mycobacterium, Influenza virus genotyping, and total viral species present in ticks and mosquitos.

HETL is the infectious disease laboratory for DHHS. No other department in DHHS has a biosafety level 3 laboratory, with the required staffing, equipment, and grant funding. HETL is the laboratory which DHHS uses for this type of work and therefore cannot compare them to similar commodities DHHS already purchases.

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.

Illumina is the sole vendor and manufacturer of these items. Illumina previously supplied the state with a document detailing that Illumina is the sole provider of these supplies.

Without these supplies from Illumina, the laboratory is unable to perform whole genome sequencing for PulseNet foodborne/waterborne bacteria (Salmonella, E. coli, Listeria, Shigella, Vibrio, Campylobacter), Antibiotic Resistance Laboratory Network bacteria (Enterobacter, Klebsiella, MRSA), Mycobacterium, Influenza virus genotyping, and total viral species present in ticks and mosquitos.

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

The quoted costs are on par with the previous contract. The vendor has implemented an average 3% increase across most contracted items for this term, reflecting a standard market adjustment. The department feels the increase is justified under current economic conditions and the continued value offered under the agreement.

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 identified as suppliers of these goods.

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:	21-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:	DocuSigned by: Michael McNeil 7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	6/4/2026

NOI 0620260405 6/4-6/10