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 / MECDC / HETL / Clinical Microbiology				
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Nicole Mitchell				
(If applicable) Department Reference #:	CD0-26-54CAP36				
Agency Department Code:	10A	Advantage CT / RQS #:	RQS-20260311000000001412		
Amount: (Contract/Amendment/Grant)	$64,930.00				
CONTRACT	Proposed/Original Start Date:	4/20/2026	Proposed/Most Recent End Date:	7/31/2026	
AMENDMENT	New Effective Date:		New End Date (if Applicable):		
GRANT	Project Start Date:		Grant Start Date:	8/1/2023	
	Project End Date:		Grant End Date:	7/31/2026	
Vendor/Provider/Grantee Name, City, State:	Tuttnauer Hauppauge, NY				
Brief Description of Goods/Services/Grant:	Autoclave for the decontamination of infectious disease waste and sterilization of bacteriology media				

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.

This laboratory equipment is being purchased for emergency preparedness reasons. Staging equipment such as this increases the likelihood of maintaining continuity of operations, instead of needing to refer patient samples to another laboratory while new equipment makes its way through the procurement process.

Autoclaves are used for the decontamination of biological waste from testing procedures and for the sterilization of bacteriological culture media. Any waste generated by the laboratory when testing for select agents is required to be autoclaved on site per 42 CFR Part 73 Select Agents And Toxins (https://www.ecfr.gov/current/title-42/part-73). Waste generated during Rabies necropsy procedures is required to be autoclaved per Maine LabPak, our contracted waste hauler. All waste from Tuberculosis positive clinical samples is also required to be autoclaved on site. If an autoclave
breaks and cannot be repaired, the laboratory cannot simply cease operations since the cessation of testing puts patient care in jeopardy.

Therefore, this laboratory equipment is being purchased for emergency preparedness reasons. Staging equipment such as this increases the likelihood of maintaining continuity of operations, instead of needing to refer patient samples to another laboratory while new equipment makes its way through the procurement process.

The Federal CDC approved the redirection of COVID-19 grant funds to purchase this equipment. The state must be invoiced no later the COB July 31, 2026, because the grant expires July 31, 2026.

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 laboratory already has two Tuttnauer autoclaves, 1 installed in each of our biosafety level 3 and biosafety level 2 laboratories. No additional construction requirements would be needed to install this piece of equipment because the HVAC ductwork, electrical requirements, negative pressure airflow, and laboratory space are already in place for this model.

Tuttnauer includes the following warranty: “USA Co. Ltd. warrants that the equipment has been carefully tested, inspected and left the Factory in proper working condition, free of visible defects. Tuttnauer warrants the equipment to be free from manufacturing defects in material and workmanship, under normal use and operation, for a period of one (1) year after the date of initial operation, or demonstration; or eighteen (18) months from the date of shipment from the Factory; or whichever occurs first. Tuttnauer warrants the pressure vessel for a 15 Year period under these same conditions. Replacement of the pressure vessel is limited to the vessel itself and does not include the required labor.”

PART III: SUPPLEMENTAL INFORMATION

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

In 2020 the laboratory purchased this same make and model for ~$41,000. Based upon the 6-year difference, an ~10% increase in cost per year, the Covid-19 pandemic, and the current tariff situation, the laboratory is agreeable to the increase cost of this equipment.

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

The Department will evaluate available competitive options at the end of the equipment's serviceable life expectancy when its replacement becomes necessary.

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).

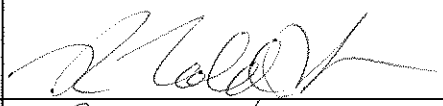
☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ 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.

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:	R Todd Haber	Date:	6/27/25
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:	6/24/2026

NOI 0620260472 6/24-6/30