



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 Division of 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 Division of 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/ Stacy Martin		
(If applicable) Department Reference #:		CD0-22-5450A		
Amount: (Contract/Amendment/Grant)		Current: \$ 52,000.00 Amend: \$ 108,000.00 Revised: \$ 160,000.00	Advantage CT / RQS #:	CT 10A 20210729*0225
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2023
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:		Stericycle, Inc. Carol Stream, IL		
Brief Description of Goods/Services/Grant:		Bio Medical Waste/Sharps Disposal		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" 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.

The Health and Environmental Testing Laboratory (HETL) is a generator of Biomedical waste (viral culture, bacterial agar plates, TB specimens, human blood, urine, feces, CSF) which must be removed from the facility on a regular basis. These services are critical because HETL does not have the ability to process and store such waste. The purpose for this amendment is to increase funding in order to pay for additional services beyond the initial projection. This additional funding will also provide funding for services through 6/30/23.

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

HETL requires routine (minimum weekly) pick-up of biomedical waste as HETL does not have the infrastructure to store a large quantity of biomedical waste. Stericycle was chosen as the result of a bid process. Bids were sought for this service and Stericycle was the only vendor to bid on the proposed criteria, licensed to transport and destroy Ebola waste. One of the vendors does not do business in Maine. The other vendor did not respond with a bid.

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

Several years ago, HETL negotiated with OXUS (local company from Pittsfield) fair and reasonable pricing for this service. These costs were lower than the previous provider. Stericycle recently purchased OXUS and they agreed to hold the previously negotiated pricing. When compared to last year's agreement, costs are the same.

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

As Stericycle is the only vendor licensed to transport and destroy Ebola waste, HETL does not intend to RFP this service at this time. In the event another vendor becomes licensed to perform these services in the New England geographic region, HETL will reevaluate the possibility of an RFP at that time.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)



Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			Date:	19 - Jun 22
Typed Name:				
Signature of DAFS Procurement Official:			Date:	7/18/2022
Typed Name:	Kathy Paquette			