



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.

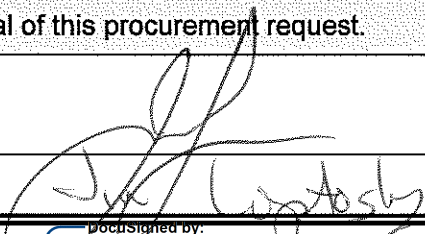
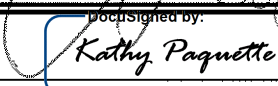
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/Maine CDC Kimberly Buffum / Morgan Easler		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall		
(If applicable) Department Reference #:		CD0-24-5450		
Amount: (Contract/Amendment/Grant)		\$ 60,000.00	Advantage CT / RQS #:	CT 10A 20230505*3088
CONTRACT	Proposed Start Date:	7/1/2023	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:		Stericycle, Inc. Carol Stream, IL		
Brief Description of Goods/Services/Grant:		Ebola Waste/Biomedical 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 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, tuberculosis specimens, human blood, urine, feces, cerebrospinal fluid) which must be routinely removed from the facility. The HETL does not have the ability to process this waste, and there is very limited storage capability. In addition, it is required that the laboratory maintain the capability for responding to an Ebola outbreak, and therefore, must be able to dispose of this waste in a safe manner according to state and federal guidelines. Waste generated in the care of PUIs or patients with confirmed Ebola Virus Disease (EVD) is subject to procedures set forth by local, state, and federal regulations. Basic principles for spills of blood and other potentially infectious materials are outlined in the U.S. Occupational Safety and Health Administration (OSHA) <u>Bloodborne Pathogens Standard (29 CFR 1910.1030)</u> , and the State of Maine Biomedical Waste Management Rules, 06-096 CMR 900.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	No other Maine vendor is licensed to transport and destroy Ebola waste. Refer to their webpage regarding Stericycle's EVD sample waste management and disposal requirements: https://www.stericycle.com/en-us/ebola
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Web research was performed, and it was determined that Stericycle's pricing was fair and reasonable and in-line with industry standards.
4. Describe the plan for future competition for the goods or services.	The department does not intend to competitively procure these services at this time as Stericycle is the only vendor licensed to perform this service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:
Typed Name:			8 - Jun - 23
Signature of DAFS Procurement Official:			Date:
Typed Name:	Kathy Paquette <small>41C2BA36FAF44CD...</small>		7/20/2023