



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 \$5,000 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/CDC/HETL	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Storm Dexter	
(If applicable) Department Reference #:		CD0-25-54CAP24	
Amount: (Contract/Amendment/Grant)	\$ 27,788.00	Advantage CT / RQS #:	RQS-10A-20250226000000001208
CONTRACT	Proposed Start Date:	2/10/2025	Proposed End Date: 12/31/2025
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:		New England Lab Casework Company, Inc. Woburn, MA	
Brief Description of Goods/Services/Grant:		Laboratory Shelving	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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.

This request is for laboratory grade, nonporous, easily cleanable and sanitized, adjustable shelving, capable of withstanding a weight of not greater than 50lbs. Many clinical microbiology laboratories on the 4th floor at the Greenlaw building have no shelving to put supplies. Instead, supplies are placed on the floor wherever they may fit. This creates a tripping hazard, a spill cleanup hazard, and supplies that must be sterile could be dirtied because they are stored on the floor. Storing supplies directly on the floor may violate good manufacturing practices and FDA law 21 CFR Part 820 Subpart L—Handling, Storage, Distribution, and Installation.

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

New England Labs was hired to install the shelving for the new laboratory at 47 Independence Drive. They completed the shelving for the first three floors as the departments moved into their space. The fourth floor was never completed due to the clinical department being delayed in their moving from 221 State Street to 47 Independence. We would request NEL to return and complete the installation of shelving for the fourth floor to match the rest of the building and workspace.

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

The attached quote for the additional shelving and installation is at the original price per shelving unit of the initial product used for the rest of the building. No increase for the product nor installation. Funding for this shelving was budgeted in the re-write of the ELC COVID-19 expanded enhanced grant. The funding line is: 013-10A-2973-(19)014319, EDXLAB-F2020

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

None. Once shelving is installed, the clinical microbiology section will not need additional shelving.

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).

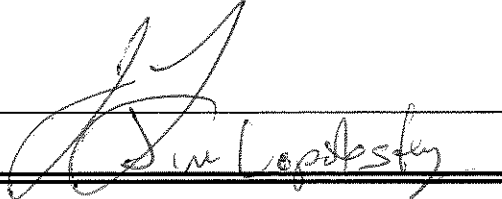
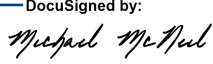
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lepofsky	Date:	9-Jul-25
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	7/15/2025

NOI 0720250706