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/ Nicholas Matluk/ Stephanie Wood				
(If applicable) Department Reference #:	CD0-27-54CAP48				
Agency Department Code:	10A	Advantage CT / RQS #:	20260624000000002010		
Amount: (Contract/Amendment/Grant)	$237,393.22				
CONTRACT	Proposed/Original Start Date:	**7/21/2026**	Proposed/Most Recent End Date:	**10/29/2026**	
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:	Illumina, Inc. San Diego, CA 92122				
Brief Description of Goods/Services/Grant:	Whole Genome Sequencer and warranties				

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 purchase of two new Illumina MiSeq i100 Plus System whole genome sequencer will increase HETL's capacity to test for foodborne/waterborne diseases (Salmonella, E. coli, Listeria, Shigella, Vibrio, Campylobacter) and hospital associated infections (Enterobacter, Klebsiella, MRSA), Influenza and Rabies. This instrument is the next generation of our current Illumina MiSeq systems. Our turnaround time to sequence outbreaks, strain type bacteria and viruses, and identify antibiotic resistance and virulence factors will decrease from 30-50 hours to 4-15 hours. This will allow Maine CDC epidemiologists and infection control coordinators to react more quickly to outbreak scenarios, directly affecting the food/water supply and patient care. Also, the amount of data generated is increased from ~25Mb per sample to 250Mb per sample, reducing the possibility of re-sequencing samples. Finally, these instruments will be replacing two of our original eight-year-old Illumina MiSeq and its associated annual service contract.

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.

Illumina is the sole vendor and manufacturer of the MiSeq whole genome sequencer. HETL already has one of these instruments and is the only laboratory in the state which uses whole genome sequencing to identify and link bacterial and viral outbreaks at a genetic level. This instrument is the next generation of our current Illumina MiSeq systems and will be replacing two of our original eight-year-old Illumina MiSeqs.

Our foodborne/waterborne diseases (Salmonella, E. coli, Listeria, Shigella, Vibrio, Campylobacter) and hospital associated infections (Enterobacter, Klebsiella, MRSA), and Influenza assays are CLIA validated for this instrument.

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

The vendor is applying a 20% discount to the purchase of the equipment and a 5% discount to the associated warranties.

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

The Department will evaluate available competitive options at the end of the instrument'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.

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:	Todd Haber, Acting Deputy Commissioner of Finance	Date:	6/8/2026

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:	7/7/2026

NOI 0720260504 7/7-7/13