



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:		DEP/BRWM/Tech Services		
Department Contract Administrator or Grant Coordinator:		Kelly Perkins		
(If applicable) Department Reference #:				
Agency Department Code:	06A	Advantage CT / RQS #:	CTMV #20240605*0026	
Amount: (Contract/Amendment/Grant)	\$3,355,000			
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:	7/1/2026	New End Date (if Applicable):	6/30/2028
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:				
Brief Description of Goods/Services/Grant:		Analytical Laboratory Testing Services		

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.

We plan to use a CTMV for the next round of laboratory contracts that will begin on July 1, 2026 and be valid through June 30, 2028. The current laboratory contracts expire June 30, 2026. The purpose of this CTMV is to establish a list of laboratories available for staff to use for routine analytical services. This amendment extends the current contract for 2 years.

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.

All laboratories that are Maine accredited for required analyses will be eligible to receive a contract under the CTMV. The list will be open and new labs will be added as laboratory services are needed.

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

All work over \$2500 will go through an RFB process with all labs included on the CTMV given the chance to bid on the work. Work will be awarded to the qualified laboratory with the lowest total cost. Work under \$2500 or on an emergency basis may be sent to any qualified laboratory on the CTMV.

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

All work over \$2500 will go through an RFB process with all labs included on the CTMV given the chance to bid on the work. Work will be awarded to the qualified laboratory with the lowest total cost. Work under \$2500 or on an emergency basis may be sent to any qualified laboratory on the CTMV.

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):

David R. Madore for Melanie Royzini

Typed Name:

Date: 06/10/2026

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:

Signed by:
Michelle Knox
066BBD96EE5347F...

Typed Name:

Michelle Knox

Date:

7/31/2026