

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

| | | | | |
|---|----------------------|---|--------------------------------|-------------------|
| Department Office/Division/Program: | | DHHS/Maine CDC/HETL | | |
| Department Contract Administrator or Grant Coordinator: | | Chris Moiles/Shawn Belanger | | |
| (If applicable) Department Reference #: | | CD0-22-54MA03 (Commodity Master Agreement w/DAFS) | | |
| Amount: (Contract/Amendment/Grant) | \$0.00 | Advantage CT / RQS #: | Draft RQS 10A 20210629*1240 | |
| CONTRACT | Proposed Start Date: | 08/01/2021 | Proposed End Date: | 07/31/2022 |
| 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: | | CPI International, 5580 Skylane Blvd, Santa Rosa, CA 95403 USA VC1000018522 | | |
| Brief Description of Goods/Services/Grant: | | This master agreement is to continue with another MA for our Lead Poison Control Program to purchase watch glass, centrifuge tubes and test tubes specifically for lead testing. <i>This is a renewal of an existing MA that expires on 7/31/21 – This is also a multi-agency MA with DHHS, Public Safety and DOT i.e. MA 18P 180703*01</i> | | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|----------|-----------------------------------|--|----------------------------------|
| | A. Competitive Process | | G. Grant |
| | B. Amendment | | H. State Statute/Agency Directed |
| X | C. Single Source/Unique Vendor | | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | | J. Willing and Qualified |
| | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | | L. Other Authorization |

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

The commodities that we are placing on a master agreement are lead free material to hold the acidified lead samples in the two Perkin Elmer auto-samplers. These are sampler changers for the Lead Poisoning Prevention Program.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

This is a third-party consumable that has the lowest lead levels and fits both auto samplers. Other suppliers have caused contamination forcing resampling and resulted in work delays. Since we have had CPI on a master agreement for years and this MA is expiring, we are requesting to have another MA with this vendor for the next year.

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

This vendor is the least expensive supplier than can be obtained and they ship monthly so we don't have to store these at our lab.

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

HETL constantly checks for new vendors for quality and pricing, however, samples have come back with lead and those cannot be used for fear of contamination issues. We also have an agreement with this vendor that includes shipping costs. With shipping being doubled, we feel that this is a great deal for HETL.

PART IV: APPROVALS

| | | | |
|---|--|--------------|-------------|
| Signature of requesting Department's Commissioner (or designee): | <i>By signing below, I signify that I approve of this procurement request.</i> | | |
| | <small>DocuSigned by:</small> <i>Debra Downer</i> | | |
| Printed Name: | <small>5DC6807B8558482</small> Debra Downer | Date: | Aug-09-2021 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> <i>Justin Franzose</i> | | |
| Printed Name: | <small>AEED9C7B3A8044E...</small> Justin Franzose | Date: | 8/18/2021 |