



**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		
Department Contract Administrator or Grant Coordinator:		Sue Dowdy/Chris Moiles		
(If applicable) Department Reference #:		CD0-23-54CAP30		
Amount: (Contract/Amendment/Grant)	\$11,860.00	Advantage CT / RQS #:	10A 20220505*1300	
<b>CONTRACT</b>	Proposed Start Date:	<b>07/01/2022</b>	Proposed End Date:	<b>09/30/2022</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		UCT, LLC Bristol, PA		
Brief Description of Goods/Services/Grant:		Sample evaporator with a 48-position tube rack for blood toxicology sample preparation.		

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: COVID-19

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 this sample evaporator would allow for HETL to have a fully functional back-up sample evaporator for OUI blood sample preparation. The current sample evaporator is the only one the program has to perform blood toxicology sample preparation and testing would halt if the equipment failed or went down for repairs.

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

The federal National Highway Traffic Safety Administration (NHTSA) grant being used to purchase this equipment has specific manufacturing requirements that equipment has to meet to be approved for purchase. Specifically, equipment purchased by this grant must meet the Buy America Act, which requires that the piece of equipment to be manufactured within the United State of America. Please see attached NHTSA approval for the piece of equipment.

Other vendors make a sample evaporator with a 48-position tube rack but the other vendors either do not meet the Buy America Act, or they do meet the Buy America Act but the quoted price of the sample evaporator with a ~48-position tube rack is greater than the quoted price from UCT. Three vendors were contacted for a quote and UCT was able to meet the Buy America Act and provide the lowest cost for the equipment.

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

The quote provided by UCT includes both the sample evaporator and the necessary 48-position tube rack to perform blood toxicology sample preparation and meets all HETL and NHTSA grant requirements at the lowest cost.

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

In the future, purchases being made using funds from the federal NHTSA grant will use the same process to ensure that the equipment meets the grant requirements (Buy America Act) and the best price is achieved from the qualified vendors.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

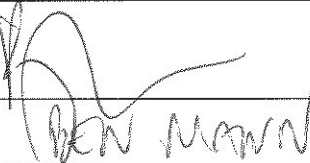
Does this request utilize ARPA/MJRP funds?

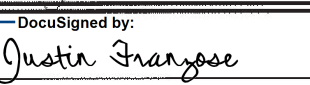
Yes – If Yes, please attach the approved Business Case(s).

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):			
Typed Name:	Ben Mawn	Date:	8/28/22

Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	AEEED9C7B3A8044E Justin Franzone	Date:	8/1/2022