



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 River Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero		
(If applicable) Department Reference #:		RPC-24-025		
Amount: (Contract/Amendment/Grant)		\$ 25,000.00	Advantage CT / RQS #:	CT 10A 20230418000000002710
CONTRACT	Proposed Start Date:	07/1/2023	Proposed End Date:	6/30/2024
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:		NORDX Scarborough, ME		
Brief Description of Goods/Services/Grant:		Phlebotomy and clinical laboratory services for RPC employees		

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

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 agreement is for the purpose of procuring urgent phlebotomy and clinical laboratory services for RPC employees on an as requested basis. Services will be used for items such as:

- Covid-19 Testing – this will ensure the safety and health of staff and patients by testing employees who present symptoms of Covid-19 after having already reported to work or who have been determined to have been directly exposed to a Covid-positive employee.
- Employee titer draws – this will increase the efficiency of the onboarding process by obtaining titer draw results from newly hired employees at the earliest opportunity.

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

The number of qualified vendors for this service is severely limited due to the required geographic proximity to the hospital and the urgent turnaround time required to obtain these test results. This vendor is the only provider in the local area able to meet the hospital's required timeframe for obtaining test results.

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

The rates are consistent with other phlebotomy and clinical laboratory services for RPC patients.

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

This vendor is the only provider in the local area able to meet the hospital's required turnaround times. Given the urgent timeframes needed for test results, the vendor must be located within appropriate geographic proximity to the hospital. The Department does not intend to competitively procure this service.



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:		Date:	26-Jun-23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	kathy Paquette 41C2BA36FAF44CD...	Date:	8/18/2023