



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 \$5,000 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/Maine CDC / Morgan Easler / Nicholas Matluk	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Lyndsay Frank	
(If applicable) Department Reference #:		CD0-25-54103	
Amount: (Contract/Amendment/Grant)	\$ 68,256.71	Advantage CT / RQS #:	RQS 10A 20250626000000002008
CONTRACT	Proposed Start Date:	2/10/2025	Proposed End Date: 3/3/2025
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:		Illumina, Inc. San Diego, CA 92122	
Brief Description of Goods/Services/Grant:		Whole genome sequencing supplies	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input checked="" 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.

The laboratory supplies purchased on this invoice were used in the whole genome sequencing of foodborne and waterborne bacteria (Pulsenet program), hospital associated bacteria (antibiotic resistance laboratory network program), and Influenza virus samples (H5 Influenza outbreak of 2024/2025).

Example of supplies: Library preparation kits, Multiplex indices

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

Illumina is the sole vendor and manufacturer of these items. Illumina has previously supplied the state with a document detailing that Illumina is the sole provider of these supplies. The laboratory had a master agreement (MA 18P 170227-0098) which was accidentally not renewed in the winter of 2025.

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

The laboratory had a master agreement which was accidentally not renewed in the winter of 2025. The pricing used by the laboratory was the pricing in our purchasing order system which was based upon MA 18P 170227-0098.

Illumina, and no other vendors, offers these supplies or similar supplies.

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

The laboratory and finance are in the process of a new master agreement; also the department will follow the competitive bid process in the future if it is found that other vendors are capable of providing these supplies.

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) – 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 signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	R. Todd Haber	Date:	7/7/25
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	8/1/2025

NOI 0820250756