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:	DHHS/Maine CDC/HETL			
Department Contract Administrator or Grant Coordinator:	Brianne Carrero / Stephanie Wood			
(If applicable) Department Reference #:	CD0-26-54MA23			
Agency Department Code:	10A	Advantage CT / RQS #:	MA 24021200000000000077	
Amount: (Contract/Amendment/Grant)	Anticipated Annual Spend of $30,000.00			
CONTRACT	Proposed/Original Start Date:	**6/22/2026**	Proposed/Most Recent End Date:	**6/21/2027**
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Bio-Rad Labs Hecules, CA			
Brief Description of Goods/Services/Grant:	Master Agreement for reagents and kits to perform serological diagnostic and confirmatory testing of HIV-1 and HIV-2.			

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.
Bio-Rad is a supplier of the 4th Generation Combination HIV EIA kit which can detect HIV-1/HIV-2 antibodies and HIV-1 p24 antigen in human serum. This kit is instrumental in the current Federal CDC/APHL algorithm for HIV testing as it can potentially detect HIV infections in very early stages and lead to rapid response for patient care and counseling. This assay has been configured to run on an established open-access serological analyzer already used in this laboratory that requires very little hands-on time by testing personnel. The HIV-1/HIV-2 supplemental assay manufactured by Bio-Rad and performed using their specialized Geenius reader instrument is a crucial second step in this established algorithm that aides in HIV infection diagnosis and determining if additional follow-up testing is required that will be crucial to patient care.
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.
The items in this master agreement are manufactured and sold by Bio-Rad. HETL currently has validated these EIA reagents kits on an open-access platform that has been configured to perform these assays. Other reagent kits are available to perform this testing however they are proprietary and would require the purchase of new instrumentation and service agreements and require verification prior to going live with testing. These instruments are not designed for open-access so utilizing any of these alternatives would leave us unable to perform other testing using kits provided by other manufacturers that are configured on our current instrument. Bio-Rad provides the Geenius reader instrument which can only utilize Bio-Rads assay kits to perform HIV-1/HIV-2 confirmatory testing.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The laboratory worked with the vendor to create a master agreement list. Funding for this master agreement comes from dedicated microbiology funding lines
4. Describe the plan for future competition for the goods or services.
Currently, 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, 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):			
Typed Name:	R Todd Haber	Date:	8/12/2026

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:	DocuSigned by: Michael McNeil 7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	8/24/2026

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