

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		
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Elizabeth Heath		
(If applicable) Department Reference #:	CD0-21-54CAP04		
Amount: (Contract/Amendment/Grant)	\$11,425	Advantage CT / RQS #:	Draft RQS 10A 20200817000000000208
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: 12/31/2020
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:	UCT, LLC 2731 Bartram Road Bristol, PA 19007		
Brief Description of Goods/Services/Grant:	Sample Evaporator for Toxicology Samples		

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

This is for the purchase of a new sample evaporator to evaporate blood drug samples to dryness prior to analysis for the Forensic Toxicology section of HETL. This instrument is being purchased using Highway Safety Blood Drug Grant Funding and will provide an evaporator for the blood drug testing program. Currently, all analysts performing toxicology work are using one evaporator, which causes a delay in sample processing. This evaporator will allow for blood drug testing to have its own evaporator and prevent delays in testing. Having a new evaporator will ensure testing can continue and be processed faster than our current ability.

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

This specific evaporator from UCT is the only vendor that has the evaporator that supports the Department's needs. The model provides enough space to evaporate 48 samples at one time and is a smaller size which can fit on the benchtop instead of needing to be operated in a fume hood. This frees up space in the fume hood and allows two analysts to work simultaneously, increasing case output. The comparable models provided either are much larger or do not accommodate as many samples. The lab space is extremely limited so the ability to process more samples using the least amount of space is critical. This model also does not contain sample "straws" as seen in one provided model, which could cause cross contamination without regular cleaning, which would add time to sample processing.

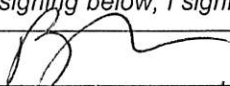
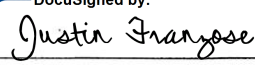
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The quote for the UCT model is comparable to the other available models as shown by provided quotes but is the smallest model available that can process the most samples and does not require extra decontamination between samples.

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

If maintained properly this instrument should last 20 year or longer, as is the case with the current instrument, and a replacement will not be needed. When this instrument has reached the end of life, new instruments will be evaluated as a replacement and quotes obtained at that point.

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>		
			
Printed Name:	Ben Munn	Date:	8/20/20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>AEEED9C7B3A8044E...</small> Justin Franzose	Date:	9/9/2020