



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:	Department of Public Safety – Crime Lab		
Department Contract Administrator or Grant Coordinator:	Lt. Michael Zabarsky Sara Thompson		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 27,595.00	Advantage CT / RQS #:	16A 20220811*0227
CONTRACT	Proposed Start Date:	8/11/2022	Proposed End Date: 5/31/2023
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:	ANSI National Accreditation Board LLC 330 E. Kilbourn Avenue, Suite 925, Milwaukee, WI 53202		
Brief Description of Goods/Services/Grant:	2022 Accreditation		

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 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 checked="" 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.	<p>The Maine State Police Crime Lab is required to be re-accredited and audited annually by an independent review team every 4 years. The accreditation of forensic science testing laboratories applies to any laboratory performing forensic testing activities in the disciplines of Trace Evidence, Biology, Firearms/Toolmarks, Latent Prints, Fire Debris and the Screening of Biological Evidence.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Maintaining accreditation in these disciplines allows the Crime Lab to function at the same standard as other forensic labs across the country who provide reliable services to the courts in criminal cases. Accreditation is the cornerstone of our quality standards and without accreditation our lab would lose reliability from Maine’s criminal justice stakeholders.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>There are no governmental entities that can provide these services</p>
4. Describe the plan for future competition for the goods or services.	<p>There are currently only two accreditation companies that perform these services. It was determined that the process to change vendors could jeopardize the lab’s proficiency and productivity, as well as our mission to all stakeholders. To change to another vendor would require the lab to adapt to new processes and procedures that would add to the current backlog of forensic science testing in the lab and potentially be in contravention with federal grant mandates. The accreditation vendor is accustomed to our systems and records, which provides efficiency in the accreditation/assessment processes.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):	<i>Derek A Gorneau</i>		
Typed Name:	Derek A. Gorneau	Date:	Aug 12, 2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>Justin Franzose</i>		
Typed Name:	AEED9C7B3A8044E... Justin Franzose	Date:	8/30/2022






PJF Lab Accreditation 2022

Final Audit Report

2022-08-12

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