



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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:		ACF / QAR	
Department Contract Administrator or Grant Coordinator:		Linda Stahlnecker	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$5,883.00	Advantage CT / RQS #:	RQS 01A 20220830*0292
CONTRACT	Proposed Start Date:	8/29/2022	Proposed End Date: 8/28/2023
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:		PerkinElmer, Shelton, CT	
Brief Description of Goods/Services/Grant:		Preventive Maintenance for Somascope Equipment	

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.

PerkinElmer's Delta Somascope provides dairy results for somatic cells. It is equipment necessary for our laboratory certification. Certification split samples are coming the week of 9/12. Maintenance needed immediately as it is not working properly.

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

PerkinElmer is the only company that services the Delta Somascope.

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

PerkinElmer is the only company that services the Delta Somascope.

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

Each time this preventative maintenance is necessary, a Google Search will be done to see if any other company have the capacity to provide this service for this machine. At this time only PerkinElmer is able to provide 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):

DocuSigned by:
Aimee Carlton
554808D3FFE6495...
for Commissioner Amanda E. Beal

Typed Name: Aimee Carlton

Date: 8/31/2022

Signature of DAFS
Procurement Official:

DocuSigned by:
Justin Franzose
AEED9C7B3A8044E...

Typed Name: Justin Franzose

Date: 9/1/2022

