



## 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:		DHHS/Maine CDC	
Department Contract Administrator or Grant Coordinator:		Chris Moiles	
(If applicable) Department Reference #:		CD0-23-54SA39	
Amount: (Contract/Amendment/Grant)		\$22,300	Advantage CT / RQS #: RQS 10A 20220706*0024
CONTRACT	Proposed Start Date:	6/28/2022	Proposed End Date: 11/31/2022
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:		Molecular BioProducts Inc. Chicago, IL	
Brief Description of Goods/Services/Grant:		Renewal for Maintenance agreement for calibration of pipettes in Clinical Microbiology laboratory.	

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 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.

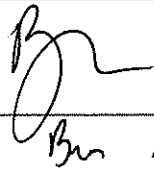
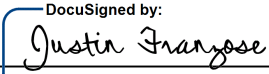
**PART III: SUPPLEMENTAL INFORMATION**

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
This maintenance agreement (MA) is for the annual calibration of clinical microbiology pipettes. This MA ensures that the pipettes are in good working order, provides 1 annual preventative maintenance visit (cost and labor) and assures the accuracy is correct on each pipette device.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
This vendor is unique in that it travels to HETL and completes the calibration and planned maintenance of the pipettes onsite, without interrupting the testing that takes place at HETL. All other vendors require pipettes to be shipped to their facilities to be calibrated. This would leave HETL without pipettes and unable to conduct testing as HETL does not presently have any spare sets of pipettes.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
In researching past years' quotes and invoices for similar services, the cost increase seen is expected and reasonable. The cost increase from 2021 to 2022 is due to Clinical Microbiology and Chemistry combining their orders for pipette calibration under a single PJF, resulting in a greater number of pipettes being calibrated.
4. Describe the plan for future competition for the goods or services.
HETL does not intend to RFP these services at this time.

**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):			
Typed Name:	Ben Munn	Date:	8/19/22
Signature of DAFS Procurement Official:			
Typed Name:	Justin Francoise	Date:	9/7/2022