



## 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 Marine Resources, Bureau of Public Health		
Department Contract Administrator or Grant Coordinator:	Jill MacLeod/Angela Hopkins		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 23,580.00	Advantage CT / RQS #:	13A 2022090100000000306
<b>CONTRACT</b>	Proposed Start Date:	<b>8/31/2022</b>	Proposed End Date:
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	American Laboratory Trading		
Brief Description of Goods/Services/Grant:	Applied Biosystems Real-Time PCR System for analysis of <i>Vibrio parahaemolyticus</i> in shellfish and water		

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.

The approved method for detection of *Vibrio parahaemolyticus* within the National Shellfish Sanitation Program specifies the Applied Biosystems 7500 PCR system by name. This system is no longer in production, however refurbished systems are available.

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

This supplier was chosen due to the warranty and customer support offered for used and refurbished laboratory equipment. As specified above, the system is no longer in production and thus the best used equipment is preferred.

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

The cost is fair for a used system that has a warranty.

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

It is highly likely that a new method for detection and quantification of viruses in shellfish tissue will emerge. This system will be replaced once a more accurate, precise, and rugged method/equipment is created.

**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).

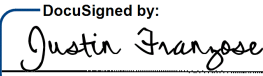
No – If No, proceed to Part V.

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee): 

Typed Name:	Patrick Keliher, Commissioner	Date:	9/22/2022
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Signature of DAFS Procurement Official:	DocuSigned by:  AEED9C7B3A8044E...
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Typed Name:	Justin Franzose	Date:	9/22/2022
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