



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS / Maine CDC / HETL	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Nicole Mitchell	
(If applicable) Department Reference #:		CD0-27-5402	
Agency Department Code:	10A	Advantage CT / RQS #:	RQS-20260807000000000239
Amount: (Contract/Amendment/Grant)		\$10,721.00	
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Association of Public Health Laboratories Silver Spring, MD 20910	
Brief Description of Goods/Services/Grant:		Required annual dues to the Association of Public Health Laboratories. Invoice date 4/1/2026 and due 7/1/2026	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 Association of Public Health Laboratories (APHL) is the only national organization representing state and local governmental health laboratories. Known as public health laboratories, they work to shape national and global health outcomes, promote their value and contributions, and continuously improve the system and practice.

This is a one (1) year annual State Institutional Membership to the Association of Public Health Laboratories (APHL) for 7/1/2026 to 6/30/2027; of which the Department's Health and Environmental Testing Laboratory (HETL) is a participating member.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

APHL is the only organization in the nation that offers laboratory guidance, high-quality training, national policymaking, leadership development, crisis response, and development of laboratory information management systems, among other services.

As a member of APHL, HETL has access to technical laboratory training, conferences, and webinars specific to public health laboratories, including laboratory-specific information regarding informatics, monkeypox, avian influenza, tuberculosis, bioterrorism, chemical terrorism, and ELC, PHEP, and TB grants awarded to each state's public health departments.

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

The membership fee is considered fair, reasonable, and the best value for the Department, and aligns with the previous services provided by the APHL.

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

The Department will evaluate available competitive options when the time comes to renew this membership.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

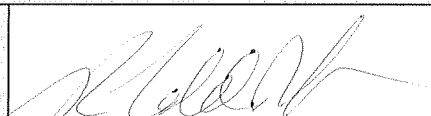
☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

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



Typed Name:

R Todd Haber

Date:

9/16/2026

2. Additional signature required **ONLY** if box **E (Emergency)** is selected in **PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

Typed Name:

Date:

****OSPS Section Only****

Signature of DAFS
Procurement Official:

DocuSigned by:

Michael McNeil

Typed Name:

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Michael McNeil

Date:

9/23/2026

NOI 0920260693 9/23-9/29