

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

### PART I: OVERVIEW

|   |                      |   |                                |            |
|---|----------------------|---|--------------------------------|------------|
| Department Office/Division/Program:                     |                      | DHHS/MeCDC HETL   |                                |            |
| Department Contract Administrator or Grant Coordinator: |                      | Chris Moiles  |                                |            |
| (If applicable) Department Reference #:                 |                      | CD0-21-54SA11   |                                |            |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 20,945.60         | Advantage CT / RQS #:   | Draft RQS 10A<br>20200715*0054 |            |
| CONTRACT  | Proposed Start Date: | 09/10/2020  | Proposed End Date:             | 09/09/2021 |
| 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:              |                      | Shimadzu Scientific Instruments<br>PO Box 200511<br>Pittsburgh, PA 15251-0511   |                                |            |
| Brief Description of Goods/Services/Grant:              |                      | Maintenance Agreement for Shimadzu LC-MS/MS analyzer to determine the presence or absence of drugs and drug concentrations in suspected OUI cases submitted by law enforcement. |                                |            |

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

|          |                                   |  |                                  |
|----------|-----------------------------------|--|----------------------------------|
|          | A. Competitive Process            |  | G. Grant                         |
|          | B. Amendment                      |  | H. State Statute/Agency Directed |
| <b>X</b> | C. Single Source/Unique Vendor    |  | I. Federal Agency Directed       |
|          | D. Proprietary/Copyright/Patents  |  | J. Willing and Qualified         |
|          | E. Emergency                      |  | K. Client Choice                 |
|          | F. University Cooperative Project |  | L. Other Authorization           |

### PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

- 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

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### PART III: SUPPLEMENTAL INFORMATION

This maintenance agreement is for the Shimadzu LC-MS/MS instrument used to determine the presence of drugs in persons suspected of OUI. This maintenance agreement ensures the instrument is in working order and provides immediate service should the instrument not be in proper working order. The laboratory determined this service to be critical due to the nature of the work and the statutory (MRS 29-A and MRS 17-A) and accreditation requirements (ANAB) that quality system and analytical instrumentation used in the analysis of forensic samples meet the standards established by ANAB.

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

The instrument covered under this maintenance agreement is a highly advanced analytical instrument. The LC-MS/MS has advanced electronic and computer components that require specific training and experience to maintain and repair by the original manufacturer of the instrument, Shimadzu. Shimadzu is also the manufacturer of the analysis software, which is also covered under this maintenance agreement, and will be available for any software assistance and troubleshooting.

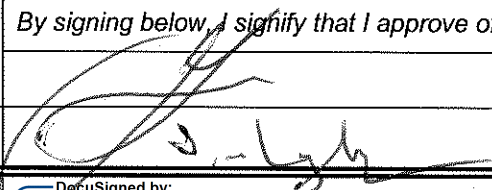

**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The company will come up and do preventive maintenance (PM) twice annually, any required repairs of the instrument and supply parts that need to be replaced through wear, and any software updates or troubleshooting. They will certainly be here at least twice a year, and available remotely as needed. During the last PM, performed by Shimadzu, the service technician required to spend 6 days at the laboratory cleaning and troubleshooting instrument issues, and did not leave until the instrument was performing to HETL requirements. This quality of service is required to meet HETL and ANAB accreditation standards and ensure HETL continues to produce high quality result to customers.

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

It is imperative the maintenance of instruments used in the laboratory to acquire data be conducted by a representative familiar with the system product, applications and software. Currently this LC-MS/MS instrument used for all drug testing is a Shimadzu system, and therefore need to be serviced by qualified Shimadzu representatives.

### PART IV: APPROVALS

|   |   |              |            |
|---|---|--------------|------------|
| <b>Signature of requesting Department's Commissioner (or designee):</b> | <i>By signing below, I signify that I approve of this procurement request.</i>                        |              |            |
| <b>Printed Name:</b>  |                   | <b>Date:</b> | 11-01-20   |
| <b>Signature of DAFS Procurement Official:</b>                          | DocuSigned by:<br> |              |            |
| <b>Printed Name:</b>  | AEEED9C7B3A8044E...<br>JUSTIN Franzose  | <b>Date:</b> | 10/19/2020 |