



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:		Department of Agriculture, Conservation & Forestry, Forest Health, and Monitoring	
Department Contract Administrator or Grant Coordinator:		Jeff Harriman	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$18,156.48	Advantage CT / RQS #:	20220907000000000317
CONTRACT		9/8/2022	Proposed End Date: 11/1/2022
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:		Olympus Scientific Solutions Americas Corp DBA EVIDENT SCIENTIFIC 48 Woerd Ave Waltham MA, 02453, United States	
Brief Description of Goods/Services/Grant:		Microscopes and cameras with mounts18156.48	

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 will replace one microscope used for forest pathology that is inadequate for optics and lighting, and provide 2 additional microscopes in Old Town and Ashland to allow work to be conducted on sorting and screening trap samples and diagnostics at remote office locations. Failure to replace will result in our inability to reply to concerns/constituent requests in a timely manner. Due to increased pest issues, we expect an increase in these needs.

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

Currently, we have similar models by Olympus that can and will be used in conjunction with the new models as existing eyepieces will fit these models.

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

Olympus is the sole maker of these units. Costs were included in Maine Supplemental FY 2022-2023 for the purchase of 3 units and cameras.

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

The division will continue to look for other vendors in the future that can provide a similar product.

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: <i>Randy Charette</i>		
Typed Name:	Randy Charette	Date:	9/16/2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i>		
Typed Name:	william J.E. Allen	Date:	9/30/2022

NOI 1020220981 10/03/2022 - 10/09/2022