



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:		Althea Harris / Melinda Farrell	
(If applicable) Department Reference #:		CD0-23-54CAP41	
Amount: (Contract/Amendment/Grant)	\$ 91,223.96	Advantage CT / RQS #:	RQS 10A 20220928000000000421
CONTRACT	Proposed Start Date:	10/17/2022	Proposed End Date: 6/30/2023
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:		Gerstel, Inc Linthicum, MD 21090	
Brief Description of Goods/Services/Grant:		New Gerstel Multipurpose Sample Robotic Pro for LRN-C GC/MS to replace current Gerstel MPS 2 sampler that is now discontinued and no longer serviceable starting in 2023.Quote # Q0106057	

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.

Funding of \$91,223.96 will be needed to replace the critical piece of instrumentation, GERSETL MPS2 – xt autosampler, that will be no longer operational for testing needs required to meet a Level 2 status on the Chemical Terrorism 2019-2024 Health Emergency Preparedness (PHEP) Notice of Funding Opportunity (NOFO) Federal Grant starting in 2023. HETL was notified that this piece of instrumentation had an end-of-life date of 2017 and the last date of support for the current Gerstel will begin in June of 2023. The purchase of the Gerstel Multipurpose Sampler Robotic Pro will replace the non-supported model and will be installed on the 7890BGC/MS 5977A that runs one the of the core methods Tetramine in Urine. This instrument is required for the 2022-2023 fiscal year for the purpose of completing testing of Tetramine in Urine for Chemical Terrorism. This instrument will also serve as a backup instrument for testing for VOCs in Serum methods due to its modern capabilities required for the VOC method. These methods are CORE methods required to fulfill the 2019-2024 Health Emergency Preparedness (PHEP) Notice of Funding Opportunity (NOFO) Federal Grant requirements.

It is imperative that the new Gerstel Multipurpose Robic Pro is purchased and installed before June 2023 to ensure that HETL can meet all the requirements of the PHEP grant. Once the instrument is purchased it will take the vendor 6 weeks to build. All of these considerations must be taken to carefully ensure everything is completed correctly and ensure we are compliant with grants requirements or risk losing future federal funding.

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

Gerstel, INC is the sole source vendor for the analytical system in the Gerstel Quote # Q0106057 dated 9/19/2022. This system integrates the Gerstel Robotic autosampler and the Maestro software with the Agilent 7890Gas Chromatograph and 5977 Mass Spectrometer with Chemstation/MassHunter software, to make liquid, SPME and Static Headspace injections. This system includes an automatic syringe changer, Cryotrap and cooled tray holder used to perform the CDC's LRN-C chemical terrorism methods for tetramine, VOCs and cyanide in body fluids. This instrument meets the exact specifications of these methods writing by the CDC.

Gerstel Inc, is the only vendor that can configure and deliver a system encompassing all the analytical capabilities required by the CDC. For more information, please see Sole Source letter provided.

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

The laboratory has received multiple discounts on these systems due to its "not-for-profit laboratory" status and HETL is also a member of the Association of Public Health Laboratories (APHL). The discounts include 10% on qualification services and 15% on training. "The vendor will also provide unlimited repair service of travel, parts and labor." Without a service agreement, HETL may be considered out of regulatory compliance and would pay for repairs beyond cost of the service agreement.

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

The instrument is expected to have a serviceable life span of over 15 years. At such a time the instrument may need to be replaced, the HETL will assess viable options and follow the appropriate procurement procedure.

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

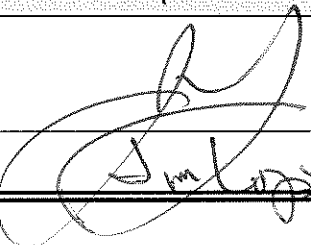
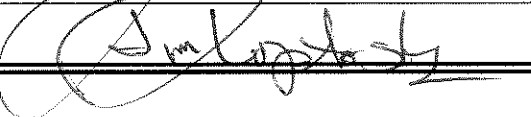

Does this request utilize ARPA/MJRP funds?

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:		Date:	
Signature of DAFS Procurement Official:			
Typed Name:		Date:	