



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 \$5,000 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:		Shawn Belanger	
(If applicable) Department Reference #:		OIT-25-B21	
Amount: (Contract/Amendment/Grant)	\$ 321,756.32	Advantage CT / RQS #:	RQS 10A 20240312-1326
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 9/30/2027
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:		STARLIMS Corporation Hollywood, FL	
Brief Description of Goods/Services/Grant:		3-year Starlims Annual Licensing, Support, and Maintenance	

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 STARLIMS Laboratory Information Management System (LIMS) is a software-based solution with features that allow the automation of workflows, integration of instruments and management of samples and associated information. STARLIMS is compliant with FDA 21 CFR Part 11, EMEA Annex 11, ISO 17025, ISO 9000, Good Manufacturing Practice (GMP), Consumer Product Safety Act (CPSA), and other regulatory requirements and best practices.
	The purpose of this agreement is for the annual software support allowing the Department to received software updates during the year, as well as unlimited telephone, e-mail, and web-site support for two department configurations ("Microbiology" and "Environmental") of the StarLims product. Software support is required to maintain functional integrity for the business functions, implement corrections/bug fixes, upgrade code for new technology and assure system security.
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	HETL uses a Microbiology and Environmental version of STARLIMS. Starlims is our current software platform for laboratory information systems. Also, the provider is uniquely qualified to perform support tasks, as they are the sole support, owners, and creators of the software. The provider has the knowledge base necessary to maintain and modify the proprietary software that is running on the server side of the application.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	The Department considers these costs to be fair and reasonable within the context of the historical annual support contracts.
4.	Describe the plan for future competition for the goods or services.
	The Department does not intend to RFP this service.


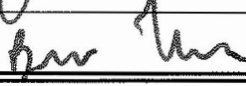
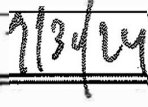
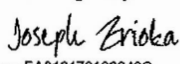
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: 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:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	9/26/2024