



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, MECDC, HETL, Clinical Microbiology		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Storm Dexter		
(If applicable) Department Reference #:		CD0-25-54MA20		
Amount: (Contract/Amendment/Grant)		Estimated \$300,000 yearly spend	Advantage CT / RQS #:	MA 18P 170227-0098
CONTRACT	Proposed Start Date:	2/15/2025	Proposed End Date:	2/14/2026
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:		Illumina, Inc. San Diego, CA		
Brief Description of Goods/Services/Grant:		Whole genome sequencing supplies		

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 checked="" 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 laboratory supplies purchased on this PJF will be used on our Illumina MiSeq equipment for the whole genome sequencing of PulseNet foodborne/waterborne bacteria (Salmonella, E. coli, Listeria, Shigella, Vibrio, Campylobacter), Antibiotic Resistance Laboratory Network bacteria (Enterobacter, Klebsiella, MRSA), Mycobacterium, Influenza virus genotyping, and total viral species present in ticks and mosquitos.

HETL is the infectious disease laboratory for DHHS. No other department in DHHS has a biosafety level 3 laboratory, with the required staffing, equipment, and grant funding. HETL is the laboratory which DHHS uses for this type of work and therefore cannot compare them to similar commodities DHHS already purchases.

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

Illumina is the sole vendor and manufacturer of these items. Illumina previously supplied the state with a document detailing that Illumina is the sole provider of these supplies. Please see attached vendor sole source documentation titled "SSL_4645019_11OCT24".

Without these supplies from Illumina, the laboratory is unable to perform whole genome sequencing for PulseNet foodborne/waterborne bacteria (Salmonella, E. coli, Listeria, Shigella, Vibrio, Campylobacter), Antibiotic Resistance Laboratory Network bacteria (Enterobacter, Klebsiella, MRSA), Mycobacterium, Influenza virus genotyping, and total viral species present in ticks and mosquitos.

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

Illumina is providing a 5% discount on all items quoted. The Department considers the costs quoted to be fair and reasonable.

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

HETL will utilize The Office of State Procurement Services competitive bid processes if other vendors are located that can supply these items.

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) – 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 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:	Jim Lapostolle	Date:	7-21-25
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	10/24/2025

NOI 1020250968 10/24-10/30