

## 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/Maine CDC			
Department Contract Administrator or Grant Coordinator:		Chris Moiles Shawn Belanger			
(If applicable) Department Reference #:		CD0-22-54MA06			
Amount: (Contract/Amendment/Grant)	\$0.00 (Master Agreement Zero dollars)	Advantage CT / RQS #:			
CONTRACT	Proposed Start Date:	<b>9/30/2021</b>	Proposed End Date:	<b>9/29/2022</b>	
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:		Lynn Peavey Company Lenexa, KS			
Brief Description of Goods/Services/Grant:		Renewal of Master Agreement for a period of 3 years. Blood and urine kits purchased for the Public Safety Implied Consent MOU that reimburses HETL for kit purchases.			

### 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

Blood and urine kits used to collect specimens relating to OUI cases are purchased from this vendor. Additionally, other supplies used by the laboratory to perform this testing is also purchased, such as evidence tape, and tube storage bags and containers. The specific kits are custom built to meet the State's needs and have consistently passed the Quality Assurance testing that is performed at HETL, prior to statewide distribution of these kits to all law enforcement agencies.

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

In accordance with Maine Revised Statute 29A the following criteria must be met for all blood and urine collection kits:

For purposes of this section, collection kits having a stamp of approval affixed by the Department of Health and Human Services may be used to take a sample specimen of blood or urine. A sample specimen of blood or urine may also be taken in any collection tube of the type normally used in a laboratory qualified pursuant to subsection 2. The fact that a laboratory qualified pursuant to subsection 2 supplied the collection tube is prima facie evidence that the collection tube is the type of tube normally used in such a laboratory.

The blood and urine kits purchased from this vendor consistently meet all requirements for Title 29-A and the State's law enforcement community.

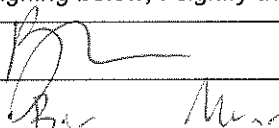
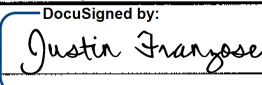
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

HETL has determined the cost of the kits to be fair and reasonable by comparing the quality of commercially available kits and components from different companies, however, these kits would need to be assembled manually. By purchasing the kits already assembled by Lynn Peavy, HETL realizes cost savings not only in the kits but also in the time it would take personnel to assemble these kits.

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

The Department does not intend to RFP this service.

## 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>	10/20/21
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> 		
<b>Printed Name:</b>	<small>AEED9C7B3A8044E...</small> Justin Franzose	<b>Date:</b>	11/18/2021