

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 #:		CD0-22-5486		
Amount: (Contract/Amendment/Grant)	\$250,000	Advantage CT / RQS #:	CT 10A 20211108000000001172	
CONTRACT	Proposed Start Date:	10/01/2021	Proposed End Date:	12/31/2021
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:		The Board of Trustees of the University of Illinois DBA Shield T3, LLC Urbana, IL		
Brief Description of Goods/Services/Grant:		COVID-19 testing services		

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
X	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	X	L. Other Authorization: COVID-19

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

Maine is actively working to expand COVID-19 testing. DHHS is expanding to conduct saliva-based PCR testing in a limited pilot, at authorized locations in targeted geographic regions, with the goal of increasing access to PCR testing. The pilot will include using Shield T3, a CLIA Certified laboratory in Orono, Maine (on UMaine campus). Currently, there are areas of the State of Maine that lack PCR access or where demand has outstripped limited supply. The State of Maine Health and Environmental Testing Laboratory does not have capacity to test additional samples from new sites.

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

Shield T3 is based in Orono, Maine and has excess capacity and ability to meet our need. Additionally, this is a saliva-based PCR test, which will be new to the Department and will allow us to trial it on a small and limited basis to determine whether it's a viable option long-term. Further, the location of lab allows samples to be processed quickly, with average turnaround time of less than 12 hours, far exceeding standard times of 24-48 hours.

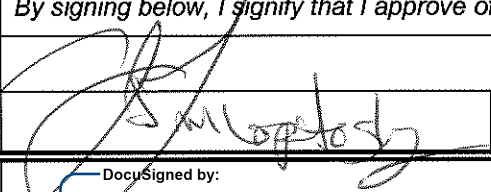
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost per sample, which includes the test kit, online software for registering and tracking samples, labels, and shipping to the authorized locations, is \$30. This rate is lower than most reference labs in the country.

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

The Department does not intend to RFP for this service.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:			Date: 8-Nov-21
Signature of DAFS Procurement Official:	DocuSigned by: <i>Debbie Jacques</i>		
Printed Name:	1DFA565D481F42E... Debbie Jacques	Date:	11/18/2021