

**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/Health & Environmental Testing Laboratory	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell	
(If applicable) Department Reference #:		CD0-23-54MA28	
Amount: (Contract/Amendment/Grant)		\$ 79,228.00	Advantage CT / RQS #: RQS 10A 20220913000000000346
CONTRACT	Proposed Start Date:	10/11/2022	Proposed End Date: 10/31/2025
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:		Maine Oxy/ SpecAIR specialty gasses Auburn, ME	
Brief Description of Goods/Services/Grant:		Liquid bulk argon and nitrogen for HETL laboratories	

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.

Nitrogen and argon are used by the HETL for clinical, environmental and forensics analyses of water, blood, serum, and urine.

Nitrogen – Nitrogen is used by the HETL for organic and forensic analyses in various matrices and is a critical gas for mass spectrometer operations as well as the concentration of sample aliquots for both environmental and forensics analyses. Since the lab operates daily, a house supply provided by a cryogenic tank minimizes delays in analyses, minimizes any form of contamination, eliminates the need for purging operations between tank exchanges, and provides continuity of operations.

Argon – Argon is used by the HETL for metals analyses of water, blood, serum, and urine using inductively coupled plasma spectroscopy, sometimes coupled with mass spectroscopy. The lab is sensitive to krypton contamination of argon, as it interferes with testing analyses, so the vendor must consistently demonstrate its ability to minimize any krypton contamination issues. The argon gas supply is critical for the operation of several machines that support the Childhood Lead Testing project required by Maine Statute (Title 22: HEALTH AND WELFARE Chapter 252: LEAD POISONING CONTROL ACT §1319-D. LABORATORY TESTING), the Lead Abatement Programs in the state (06-096-424 Me. Code R. § app. A), and for water testing support of the Maine Drinking Water Program. Since the lab operates daily, a house supply provided by a cryogenic tank minimizes delays in analyses, minimizes any form of contamination, eliminates the need for purging operations between tank exchanges, and provides continuity of operations.

Tank Size – Liquid bulk tank size optimization is critical. Too small a tank, and you run a risk of running out of supply and the costs associated with frequent fills. Too large a size, and the evaporation rate of the liquified gas exceeds the use rate and much of the product simply vents into the atmosphere. The use rates of argon and nitrogen by the HETL suggested an ideal tank size of 500 gal.

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

The cryogenic tanks being provided by MaineOxy provides the HETL with ultra-pure argon and nitrogen in the most reliable format for supply and refilling capabilities and is a cost-effective alternative to multiple gas cylinders or smaller Dewar vessels. Other suppliers would not commit to bulk cryogenic argon deliveries to Augusta, ME, without an order of at least 800 gallons. The lab will be using 500-gal tanks that MaineOxy is committed to supply for the lab and has also assured the lab of deliveries for these 500-gal tanks.

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

The specialty gas market is global, and all vendor prices are expected to fluctuate with supply and demand. The choice of a particular vendor becomes largely dependent on the vendor's commitment to quality and customer service. MaineOxy's investment in smaller cryogenic delivery trucks, and their commitment to deliver bulk nitrogen and argon to Augusta, ME makes their negotiated costs fair and reasonable.

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

Cryogenic tank leasing is not usually an annual term proposition, the intent is to maximize the value after the upfront installation costs. In general, a cryogenic tank install usually involves a commitment of at least 7 years due to the lessor's capital investment and the lessee's continuity of operations. Since MaineOxy is involved in that agreement with the HETL for cryogenic tank leasing, our relationship currently enjoys a discounted price. The timing of a competitive analysis of other suppliers will likely be dictated by the terms of the Master Agreement.

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

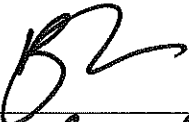
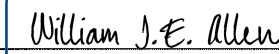
Does this request utilize ARPA/MJRP funds?

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:	Ben Murray	Date:	11-3-22
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	<small>2D5B6E39F57E44A...</small> William J.E. Allen	Date:	11/10/2022

NOI 1120221146 11/10/2022 - 11/16/2022