



## 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 Division of 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:	Brienne Carrero \ Lyndsay Frank		
(If applicable) Department Reference #:	CD0-24-5482		
Amount: (Contract/Amendment/Grant)	\$ 20,833.01	Advantage CT / RQS #:	RQS 10A 2024081300000000203
<b>CONTRACT</b>	Proposed Start Date:	5/2/2024	Proposed End Date: 7/16/2024
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Fisher Scientific Hanover Park, IL		
Brief Description of Goods/Services/Grant:	Pay Invoices during Expired Master Agreement process		

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.

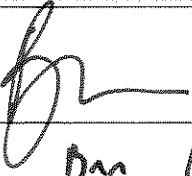
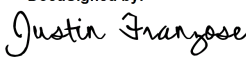
<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Miscellaneous Laboratory Supplies, consumables where we need to pay invoices that fell out of the date range of the Master Agreement from expiration to start of new Agreement.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Payment for invoices during the lapse of Master Agreements. Orders placed with Fisher during the negotiation period accumulated over 5k and HETL would like to take the proper steps of following procurement policies.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The vendor honored the negotiated Master Agreement pricing for all purchases made during the time between the lapse of one Master Agreement, 6/1/24, to the start of the next, 7/17/24.
4. Describe the plan for future competition for the goods or services.	New Master Agreement is now in place and after these invoices have been paid, we'll use the MA for future goods and services. New MA went into effect 07.17.24 and expires 02.28.29

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <u>Title 5, §18 and §18-A</u>, in harmony with MRS <u>Title 17, §3104</u>.</i>	
<input checked="" type="checkbox"/> 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:	Dan Mann	Date:	11/6/24
Signature of DAFS Procurement Official:	<div data-bbox="565 485 828 583"> <p>DocuSigned by:    <small>AEED9C7B3A8044E...</small></p> </div>		
Typed Name:	Justin Franzose	Date:	11/14/2024