



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/MeCDC/ HETL		
Department Contract Administrator or Grant Coordinator:	Brienne Carrero \ Storm Dexter		
(If applicable) Department Reference #:	CD0-25-54SA49		
Amount: (Contract/Amendment/Grant)	\$ 6,652.00	Advantage CT / RQS #:	RQS-10A-20240903000000000330
CONTRACT	Proposed Start Date:	12/8/2024	Proposed End Date: 12/7/2025
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:	Thermo Electron North America LLC West Palm Beach, FL		
Brief Description of Goods/Services/Grant:	Service Agreement for ThermoFisher Nicolet iS20 FTIR Instrument for Seized Drug Testing		

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.

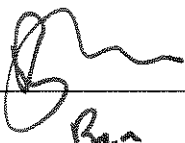
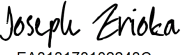
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	This service agreement is for the Nicolet iS20 FTIR instrument used to determine the presence of drugs in seized drug samples submitted by law enforcement for testing. This service agreement ensures the instrument is in working order and provides immediate service should the instrument not be in proper working order. The laboratory determined this service to be critical due to the nature of the work, the statutory requirements of testing (MRS 29-A and MRS 17-A), and accreditation requirements (ANAB) stating that quality system and analytical instrumentation used in the analysis of forensic samples meet the standards established by ANAB.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The instrument covered under this service agreement is a highly advanced analytical instrument. The Nicolet iS20 has advanced electronic and computer components that require specific training and experience to maintain and repair by the original manufacturer of the instrument, ThermoFisher. ThermoFisher is also the manufacture of the analysis software, which is also covered under this service agreement, and will be available for any software assistance and troubleshooting. ThermoFisher has been approved as a Forensic Chemistry service provider, based on historical performance of service. ANAB requires approved vendors to provide service on all instrumentation covered under the Forensic Scope of Accreditation.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The vendor's quote for this extended service agreement is consistent with prices quoted by other vendors for service agreements of analytic test instruments of similar complexity.
4. Describe the plan for future competition for the goods or services.	The Department does not intend to competitively bid this service.

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

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<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:	Ben Munn	Date:	11/6/24
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joseph Zrtoka	Date:	11/14/2024
	State of Maine - Office of Information Technology		