



**DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
OFFICE OF STATE PROCUREMENT SERVICES  
STATE OF MAINE**

**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 #:		CD0-25-54SA11	
Amount: (Contract/Amendment/Grant)	\$58,872.00	Advantage CT / RQS #:	RQS-10A-2024071800000000089
<b>CONTRACT</b>	Proposed Start Date:	4	Proposed End Date:
<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:		Shimadzu Scientific Instruments Pittsburgh, PA	
Brief Description of Goods/Services/Grant:		Maintenance Agreement for Shimadzu LC-MS/MS analyzer to determine the presence or absence of drugs and drug concentrations in suspected OUI cases submitted by law enforcement.	

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 checked="" type="checkbox"/>	<del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del>	<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 maintenance agreement is for the Shimadzu LC-MS/MS instrument used to determine the presence of drugs in persons suspected of OUI. This maintenance 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: ANSI National Accreditation Board) that quality systems and analytical instrumentation used in the analysis of forensic samples are required to meet.

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 maintenance agreement is a highly advanced analytical instrument. The LC-MS/MS has advanced electronic and computer components that require specific training and experience to maintain and repair, by the original manufacturer of the instrument, Shimadzu. Shimadzu is also the manufacture of the analysis software, which is also covered under this maintenance agreement, and will be available for any software assistance and troubleshooting. Shimadzu has been approved as a Forensic Chemistry service provider, based on historical performance of service.

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

The company will provide preventive maintenance (PM) annually, provide any required repairs of the instrument, and supply parts that need to be replaced through wear, and any software updates and/or troubleshooting needed. They will certainly be here at least twice a year, and available remotely as needed. During a PM performed in 2021, performed by Shimadzu, the service technician was required to spend 6 days at the laboratory cleaning and troubleshooting instrument issues, and did not leave until the instrument was performing to HETL requirements. Due to this being a three-year agreement, the cost for the agreement is less than the cost in previous years, as a higher discount was applied by Shimadzu, and we are locked into this lower rate for a three year period.

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?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.


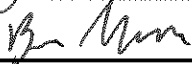
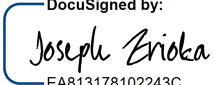
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:		Date:	
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	11/26/2024

**The service is not proprietary. Other vendors could bid for the service. Please post.**