



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/Maine CDC		
Department Contract Administrator or Grant Coordinator:		Brienne Carrero / Nicole Mitchell		
(If applicable) Department Reference #:		CD0-26-5445		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250807000CD0265445	
Amount: (Contract/Amendment/Grant		\$252,567.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	7/31/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	3/22/2024
	Project End Date:		Grant End Date:	7/31/2027
Vendor/Provider/Grantee Name, City, State:		The University of Maine System, acting by and through the University of Maine Cooperative Extension Office of Research Administration - Orono, Maine		
Brief Description of Goods/Services/Grant:		Funds to support the development of surveillance testing for Borrelia burgdorferi Babesia microti tickborne diseases		

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. Higher Education 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.

Maine CDC has established activities related to tick-borne diseases surveillance including Babesiosis and Lyme Diseases. The purpose of surveillance is to describe the magnitude and characteristics of tick-borne disease in Maine, prevent human infection, and provide consultation and guidance on prevention and control of illnesses. The principal statutory authority for Maine CDC to control communicable diseases is established at 22 M.R.S.A. Chapter 250.

University of Maine Cooperative Extension (UMCE) has established the Diagnostic and Research Laboratory to provide diagnostic and testing services to the public. UMCE is an outreach branch of Maine's land-grant university and part of the Cooperative Extension System, a publicly funded educational network that includes the US Department of Agriculture National Institute of Food and Agriculture. The laboratory at UMCE will conduct two sequencing projects, one on *Borrelia burgdorferi* and the other on *Babesia microti*. The *Borrelia burgdorferi* project aims to differentiate strains of this species and determine if clinical manifestations and wildlife reservoir species are associated with specific strains. The *Babesia microti* project aims to determine if the mitochondrial DNA could be used as a novel diagnostic marker to differentiate different species of *Babesia* and develop a genetic database which could be queried for identify potential drug targets.

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

DHHS Maine CDC has determined that this facility is qualified to provide these services because they have met the following criteria:
This facility is the only Biosafety level 3 laboratory in the state which conducts testing of ticks for vectorborne diseases. Only they have the education, experience, and facilities to conduct this work. They are also a member of Maine CDC's Vectorborne infectious disease committee.

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

See the document titled [MECDC Budget Justification Rounsville.docx](#) for a breakdown of associated costs.

HETL has reviewed the budget and agreed to the costs. Salary comes from the UMaine system, the fringe comes from the federally negotiated rate, the indirect costs come from the UMaine systems negotiated rate, and the cost of lab supplies is acceptable.

Funding has been awarded to Maine CDC via the Epidemiology and Laboratory Capacity Covid-19 Advanced molecular detection sequencing 2 grant; Funding line: 025-10A-2983-(19)014319, ELCAMD2-F2022.

For the notice of award, see documents [6 NU50CK000523-05-05 ME ELC AMD2, NWSS2, SHARP revision 03152024.pdf](#) and [6 NU50CK000523-05-06 ME ELC AMD2 NWSS2 SHARP SUPPLEMENTAL 03222024.pdf](#).

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

None. This is a one-time grant objective which terminates in July 2027.

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.

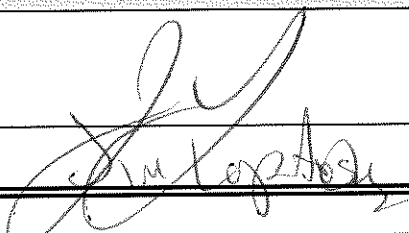
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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

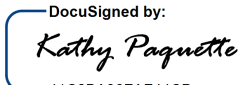
The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):		
Typed Name:		Date: 5 - Nov - 25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department’s Commissioner (or designee):		
Typed Name:		Date:

Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...	
Typed Name:	Kathy Paquette	Date: 11/12/2025