



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/HETL	
Department Contract Administrator or Grant Coordinator:		Chris Moiles	
(If applicable) Department Reference #:		CD0-22-54CAP22	
Amount: (Contract/Amendment/Grant)	\$15,006.00	Advantage CT / RQS #:	RQS 10A 20211117*565
CONTRACT	Proposed Start Date:	11/1/2021	Proposed End Date: 11/30/2021
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:		The Baker Company Sanford, ME 04073	
Brief Description of Goods/Services/Grant:		Biosafety Cabinet	

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 checked="" type="checkbox"/>	L. Other Authorization – COVID-19

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.

Six (6) 6' SterilGARD Class II Type A2 BioSafety Cabinets were purchased from The Baker Company in 2020 for use in the new laboratory facility being built for HETL in Augusta, Maine. The cabinets were put into storage at the PHEP warehouse while construction of the HETL facility was underway. One of the cabinets had to be taken out of storage to replace a broken BioSafety cabinet at the existing HETL in order to support ongoing COVID-19 testing. The five (5)

PART III: SUPPLEMENTAL INFORMATION

previously purchased BioSafety cabinets have now been installed in the new HETL facility and a new 6' SterilGARD Class II Type A2 BioSafety Cabinet is needed to complete the biosafety level 3 lab at the new HETL facility. Lavallee Brensigner Architects has designed the air balancing scheme around the specifications of the 6' SterilGARD Class II Type A2 BioSafety Cabinets.

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

The Baker Company was chosen because this company is the sole manufacture and distributor of the specified biosafety cabinet, (the SterilGARDE3) listed in section 1.

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

Funding was allocated to the laboratory by the COVID-19 ELC grants under personal protective equipment line items (PPE).

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

In the future, as these biosafety cabinets exhaust their useful life, HETL staff will evaluate manufacturers and consult with other laboratories to determine if there are new technologies or enhanced designs that would better meet the needs of the biosafety lab. If there are multiple vendors who meet the criteria needed by the lab, a competitive bid process will be conducted.

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:		Date: 29-Nov-21
Signature of DAFS Procurement Official:	DocuSigned by: 	
Typed Name:	AEEED9C7B3A8044E JUSTIN FRANZOSE	Date: 11/30/2021