



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:		MECDCP/MIP		
Department Contract Administrator or Grant Coordinator:		Chris Moiles		
(If applicable) Department Reference #:		CD0-22-5210		
Amount: (Contract/Amendment/Grant)		\$6,355.01	Advantage CT / RQS #:	RQS 10A 20211207*645
CONTRACT	Proposed Start Date:	8/11/2021	Proposed End Date:	12/31/2021
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:		Coldchain Technology Services, Spring Branch, TX		
Brief Description of Goods/Services/Grant:		COVID Vaccine – Shipping Vaccine and Ancillary Supplies from Texas to Maine		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

The State of Maine was informed by the Federal government it's request for additional Johnson and Johnson COVID vaccine would not be met due to supply complications. The State of Texas contacted the State of Maine about available Johnson and Johnson COVID vaccine. This is a one-time purchase to ship the Johnson and Johnson COVID vaccine and ancillary supplies from Texas to Maine to vaccinate its residents.

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

This vendor had a surplus in Johnson and Johnson vaccine that the Department could use to meet the State's vaccination needs.

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

These costs are a fair price to safely transport the COVID vaccine to ensure it is kept viable.

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

The Department does not intend to competitively bid this service. This is a one-time purchase to ship COVID vaccine from State of Texas to Maine to ensure availability to Maine residents during the Department's COVID response.

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

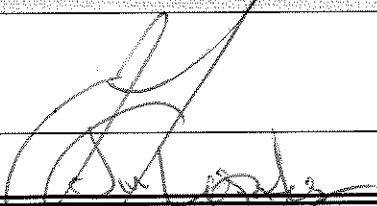
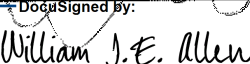
Does this request utilize ARPAMJRP funds?

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:	15-Dec-21
Signature of DAFS Procurement Official:			
Typed Name:	2D5B6E39F57E44A... William J.E. Allen	Date:	12/16/2021

NOI 1220211011 12/16/2021 - 12/22/2021