



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF 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 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		
Department Contract Administrator or Grant Coordinator:		Chris Moiles Shawn Belanger		
(If applicable) Department Reference #:		CD0-20-5457D		
Amount: (Contract/Amendment/Grant)	Current: Amd: Revised:	\$21,700,000 \$8,610,000 \$30,310,000	Advantage CT / RQS #:	2020071700000000214
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/17/2020	Effective Date:	1/1/2022
	Previous End Date:	12/31/2021	New End Date:	12/31/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		IDEXX Laboratories, Inc. Westbrook, ME		
Brief Description of Goods/Services/Grant:		Procurement of Mobile Laboratory services for COVID-19 testing		

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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 checked="" 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 Department is contracting with IDEXX Laboratories for Mobile Laboratory Services for testing samples for COVID-19. This agreement with IDEXX significantly expanded the State's COVID-19 testing services. This agreement is essential to support the volume of testing necessary to help the state reopen and contain the spread of COVID-19. The purpose of this amendment is to extend the services through the end of 2022.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

IDEXX was originally selected because of their capacity to provide the significant number of test kits to the Department for COVID-19 testing. This contract is an expansion of the partnership in response to the civil emergency and the national public emergency.

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

The Department reviewed and negotiated the pricing, which was competitive with other commercially available testing laboratories, and deemed acceptable in light of the Governor's Civil State of Emergency. The rates in this amendment were consistent with the rate in the existing contract, allowing for a minor increase (just over two percent) due to increased costs for materials and people.

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

The Department does not plan to competitively bid these services.

### 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):	DocuSigned by: <i>Benjamin Mann</i> 2870DA6E0E76471...		
Typed Name:	Benjamin Mann	Date:	Dec-10-2021
Signature of DAFS Procurement Official:	DocuSigned by: <i>Jaime Schorr</i> 6D6437754DD0459...		
Typed Name:	Jaime Schorr	Date:	12/16/2021