



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 #:		CD0-23-5467		
Amount: (Contract/Amendment/Grant)		\$13,524.77	Advantage CT / RQS #:	RQS 10A 2022082400000000277
CONTRACT	Proposed Start Date:	8/1/2022	Proposed End Date:	12/31/2022
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:		IDEXX Laboratories, Inc. Westbrook, Maine		
Brief Description of Goods/Services/Grant:		This is for COVID extraction and RT-PCR kits that have already been purchased and does not fall under a Master Agreement or BPO#10A20200903205.		

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 type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

## Procurement Justification Form (PJF)

**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 HETL currently uses Idexx SARS-CoV-2 reagents to extract nucleic acid from and determine if samples contain genetic material from the SAR-CoV-2 organism. The reagents are qualified for use with instrumentation in HETL, that has been utilized throughout the pandemic.

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

Idexx was originally selected because of their capacity to provide the significant number of test kits to the department for COVID-19 testing. To maintain continuity of operations for COVID-19 testing, these supplies were purchased from Idexx after the BPO had expired. Without these supplies, reagents from other vendors would need to be verified, causing a delay in testing, which in turn causes a delay in reporting results to the patient.

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

Idexx has agreed to a set cost for reagents that have been properly vetted on our current instrumentation used for testing respiratory samples for COVID-19. This cost has been maintained throughout the COVID-19 pandemic. HETL is also working on obtaining an agreement with Idexx to ensure that supplies are obtained under the new MA or BPO.

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

The Maine HETL will set up a new Master Agreement or BPO with Idexx to allow for continued receipt of the necessary reagents to perform COVID testing on patient samples and extraction of nucleic acid from positive samples to ship to Jackson Laboratories for further identification.

**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:

Debra Brown

Date:

10/28/2022

Signature of DAFS  
Procurement Official:

Michelle Fournier

Typed Name:

Michelle Fournier

Date:

12/8/2022