



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 Health & Environmental Testing laboratory		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stacy Martin		
(If applicable) Department Reference #:		CD0-23-5474		
Amount: (Contract/Amendment/Grant)		▼ 12,691.28	Advantage CT / RQS #:	RQS 10A 2022102700000000598
CONTRACT	Proposed Start Date:	10/26/2022	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:		Maine Oxy/ SpecAIR specialty gasses Auburn, Maine		
Brief Description of Goods/Services/Grant:		Liquid bulk argon for HETL laboratories that has already been purchased and does not currently fall under MA 18P 1910180000000000062. Invoice #'s to pay 3002589190, 3002589194, 3002589205, 3002589873, 705132.36, 70515485, 70517798, 70520149 & 7000522517.		

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 checked="" 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.

**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 purpose of this agreement is to pay for invoices due to charges incurred. HETL leases a cryogenic tank from MaineOxy for argon deliveries. The lease agreement specifically states the filling of the cryogenic tank must be conducted by MaineOxy. This PJF is to ensure there is appropriate approval and documentation to process the purchased liquid bulk argon from MaineOxy.

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

Argon is used by the HETL for metals analysis in water, blood, serum, and urine. This vendor has provided the ultra-pure material necessary for these analyses and was contracted years ago based on cost, purity, and willingness to install a cryogenic tank. The lab is sensitive to krypton contamination of argon, as it interferes with testing analyses. It is important to note that many of these samples are unique opportunities to conduct an analysis to eliminate any possible interferences, particularly when a new sample is always possible should it become contaminated.

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

The argon volume use and purity specifications needed by HETL is sufficiently large to require the cryogenic storage unit as a cost-effective alternative of argon gas cylinders. The lab requires assurances of tank refills as needed and a monthly leasing program meets those requirements. Other suppliers would not commit to bulk cryogenic argon deliveries to Augusta, ME, without an order of at least 800 gallons. Presently, the lab uses a 500-gal tank. MaineOxy made a commitment to supply the lab, even with the smaller tank, while other entities are being required to shift to a larger gallon delivery.

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

The Department does not intend to competitively bid this service.

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

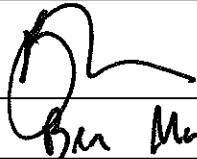
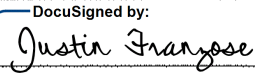
Does this request utilize ARPA/MJRP funds?

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:	Ben Mann	Date:	12-5-22
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	JUSTIN FRANZOSE	Date:	12/22/2022