



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 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 / Melinda Farrell		
(If applicable) Department Reference #:		CD0-26-54SA48		
Agency Department Code:	10A	Advantage CT / RQS #:	RQS	2025081500000000290
Amount: (Contract/Amendment/Grant)		\$26,837.82		
CONTRACT	Proposed/Original Start Date:	11/6/2025	Proposed/Most Recent End Date:	11/5/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Revvity Health Sciences, Inc dba PerkinElmer Health Sciences Inc., Shelton, CT		
Brief Description of Goods/Services/Grant:		Two (2) year service agreement for the PinAAcle 900Z (serial # PZBS21092701) equipment at the Health and Environmental Testing Laboratory.		

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 checked="" 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. Higher Education 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.

A two-year maintenance/service agreement (SA) is for the PerkinElmer PinAAcle 900Z machine, which is used for blood lead testing. This SA ensures that the instrument receives a yearly preventative maintenance visit, and immediate service should the instrument be rendered inoperable.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

This equipment is proprietary equipment. PerkinElmer Health Sciences is the only approved source for PerkinElmer factory new or remanufactured repair parts for the PerkinElmer PinAAcle 900Z. The vendor’s service team consists of PerkinElmer factory trained and certified engineers and are the only ones PerkinElmer authorizes to perform service and installation for instrumentation manufactured and sold by PerkinElmer.

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

The laboratory has received multiple discounts on these systems due to its “not-for-profit laboratory” status and HETL being a member of the Association of Public Health Laboratories (APHL). The discounts include 10% on qualification services and 15% on training for the PinAAcle 900Z, and 10% discount on training for the AA software. “The vendor will also provide unlimited repair service of travel, parts and labor.” Without a service agreement, HETL may be considered out of regulatory compliance and would pay for repairs beyond cost of the service agreement.

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

The agency will fulfill all statutory required solicitations at the end of the equipment’s serviceable life expectancy when the time comes for replacing the equipment

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Legelosty	Date:	4-Dec-25

2. Additional signature required **ONLY** if box **E (Emergency)** is selected in **PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: 		
Typed Name:	Marcello Genovese	Date:	12/10/2025