

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW

Department Office/Division/Program:		DACF/Animal Health	
Department Contract Administrator or Grant Coordinator:		Carolyn Hurwitz	
(If applicable) Department Reference #:		20-7223-8010-RA	
Estimated Contract or Grant Amount:	\$ 19,999.96	Advantage CT / RQS #:	CT01A20200102*1963
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:	1/1/2020	Proposed End Date: 12/31/2020
Vendor/Provider/Grantee Name, City, State:		US DEPT AGRICULTURE APHIS - WILDLIFE SERV ST. LOUIS, MO	
Brief Description of Goods/Services/Grant:		Perform lethal removal of escaped domestic cervids and escaped domestic boar from licensed cervid facilities and Certified Large Game Shooting Areas (CLGSAs), and assist DACF with collection of Chronic Wasting Disease samples from domestic cervids.	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request.

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

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PART III: SUPPLEMENTAL QUESTIONS

Please respond to ALL of the following questions.

1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.

The purpose of this Cooperative Service Agreement is to allow USDA, Wildlife Services (WS) to assist Maine Department of Agriculture, Conservation & Forestry, Division of Animal and Plant Health (ME DACF DAPH) on an as needed basis to perform lethal removal of escaped domestic cervids and escaped domestic boar from licensed cervid facilities and Certified Large Game Shooting Areas (CLGSAs). USDA WS is also able to assist DACF with collection of Chronic Wasting Disease samples from domestic cervids.

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

This CSA has been in place for many years with USDA APHIS WS division. Until recently, the cost associated with this CSA has been under the State of Maine open market threshold. The USDA APHIS WS is uniquely situated to perform all duties stated in the workplan under one contract, rather than multiple contracts with private vendors therefore reducing administrative costs to DACF and total response and corrective actions. This also facilitates a rapid response to reports of escaped animals, which often continue over weekends and holidays. This vendor also has a CSA with DIFW as well, so mutual all-inclusive services for multiple State Departments are realized with one vendor.

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

The costs associated with this CSA are fair and reasonable. The USDA APHIS WS is uniquely situated to perform all duties stated in the workplan under one contract, rather than multiple contracts with private vendors therefore reducing administrative costs to DACF and total response and corrective actions. This vendor also has a CSA with DIFW as well, so mutual all-inclusive services for multiple State Departments are realized with one vendor. USDA WS is able to support some response activities described by this CSA through federally funded initiatives such as feral swine control programs.

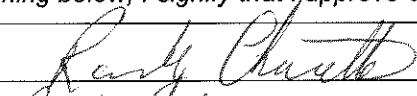
4. Describe the plan for future competition for the goods or services.

Future competition is possible if the posting of this document brings forth more vendors determined to be qualified to complete this work plan all-inclusive.

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.



Printed Name:

Randy Chouette

Date:

1/3/20

**Signature of DAFS
Procurement Official:**

DocuSigned by:
Justin Franzose

Printed Name:

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Justin Franzose

Date:

1/3/2020