



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:		Agriculture, Conservation & Forestry/ Harness Racing Commission	
Department Contract Administrator or Grant Coordinator:		Miles Greenleaf	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 20,000	Advantage CT / RQS #:	CT 01A 2018*3974
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 12/31/2024
AMENDMENT	Original Start Date:	7/1/2018	Effective Date:
	Previous End Date:	6/30/2024	New End Date: 12/31/2024
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Timothy Powers dba Somerset Equine Services	
Brief Description of Goods/Services/Grant:		The request is for equine and bovine veterinary services, on an as needed basis, at raceways and agricultural fairs that conduct live racing and draft and bovine pull events.	

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 checked="" 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.

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 work includes examining horses for soundness to race; oversee the state testing area; administer Lasix to those horses eligible for the Controlled Medication Program' and provide emergency medical treatment. The veterinarian must be on duty 3 ½ hours before scheduled post time for Lasix administration and must remain ½ hour after the last race is declared official. When providing veterinarian coverage at pulling events the veterinarian shall collect blood samples from animals selected for testing. The Department provides a harness racing technician to assist the veterinarian in carrying out the duties in the State Testing Area.

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

The Provider offers an expertise that is what is needed to have harness racing meets.

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

The costs are adequate for the services that are being offered.

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

We are always looking for veterinarians that will do work for the harness racing commission at a very relatively low cost.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):	 Deputy Commissioner, Department of Agriculture, Conservation and Forestry		
Typed Name:	Randy Charette	Date:	1/11/2024
Signature of DAFS Procurement Official:			
Typed Name:	Martha Verhille	Date:	1/17/2024