



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:		Corrections Operations Division		
Department Contract Administrator or Grant Coordinator:		Troy Hood		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 12,000	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	1/30/2024	Proposed End Date:	1/30/2024
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:		Southern Coast K9, Inc. New Smyrna Beach, FL		
Brief Description of Goods/Services/Grant:		Dual Purpose Canine for K9 Corrections Teams		

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 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 Department of Corrections K9 team has recently retired one of its new purpose dogs. A new dual purpose canine will be used to support the team's drug detection and patrol functions. The canine will be used at state and county correctional facilities statewide.

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

Law enforcement dogs are evaluated based on their level of training, personality and behavioral traits, obedience, and other factors. The canine handler evaluated several dogs across different kennels around the country. This dog, Goro, was determined to meet the Department's needs. Southern Coast K9 was able to provide all the appropriate paperwork, medical information, breeding information, and all other required documentation for this animal.

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

The costs for the service dog are alignment with the current market rate for law enforcement dogs, ranging from \$10,000 - \$15,000 for dual-purpose dogs.

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

The Department will continue to use the competitive process for future purchases.

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.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Anthony Cantillo</i> 8E48CAE00CCD407...		
Typed Name:	Anthony Cantillo	Date:	1/31/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> 2D5B6E39F57E44A...		
Typed Name:	william J.E. Allen	Date:	2/22/2024

NOI 0220240207 02/23/2024 - 02/29/2024

Certificate Of Completion

Envelope Id: E3D1076101A04C609907BB3839437E04	Status: Completed
Subject: Complete with DocuSign: NOI 0220240207.pdf	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Disabled	Envelope Originator: William J.E. Allen wje.allen@maine.gov
Envelopeld Stamping: Disabled	IP Address: 67.242.209.29
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

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Storage Appliance Status: Connected	Pool: State of Maine - Office of Information Technology	Location: DocuSign

Signer Events

William J.E. Allen
wje.allen@maine.gov
Procurement Analyst II
State of Maine - Office of Information Technology
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

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Freeform Signing

Electronic Record and Signature Disclosure:
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In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/22/2024 4:54:49 PM
Certified Delivered	Security Checked	2/22/2024 4:54:53 PM
Signing Complete	Security Checked	2/22/2024 4:55:39 PM
Completed	Security Checked	2/22/2024 4:55:39 PM
Payment Events	Status	Timestamps