



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 \$5,000 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:		Agriculture, Conservation and 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 20190327*2708
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	7/1/2025
	Previous End Date:	New End Date:	6/30/2026
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Dr. Dennis A. Ruksznis	
Brief Description of Goods/Services/Grant:		The request is for equine and bovine veterinary services, on an as needed basis, at racetracks and agricultural fairs that conduct live racing.	

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.

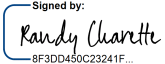
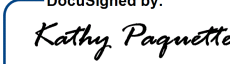
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	
The work includes examining horses for soundness to race; oversee the state testing area; administer Lasix to those horses eligible for the Furosemide Program; and provide emergency medical treatment. The veterinarian must be on duty 3 ½ hours before established post time for Lasix Administration and must remain at the track ½ hour after the last race is declared official. 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 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 cost is 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 to provide the services that we need so that we can have harness racing at various locations at a relatively low cost.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 Signed by: Randy Charette 8F3DD450C23241F...		
Typed Name:	Randy Charette	Date:	2/24/2025
Signature of DAFS Procurement Official:	 DocuSigned by: Kathy Paquette 41C2BA36FAF44CD		
Typed Name:	Kathy Paquette	Date:	2/26/2025