



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:		DACF – Animal and Plant Health	
Department Contract Administrator or Grant Coordinator:		Taryn Pearson, Assistant State Veterinarian	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 14889.06	Advantage CT / RQS #:	CT 01A 20260227*1798
<b>CONTRACT</b>	Proposed Start Date:	<b>3/1/2026</b>	Proposed End Date: 12/31/2026
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		US DEPT AGRICULTURE APHIS - WILDLIFE SERV ST. LOUIS, MO	
Brief Description of Goods/Services/Grant:		Perform program response activities involving inspection of facilities cervids and Eurasian Wild Boar including DACF licensed cervid facilities and Certified Large Game Shooting Areas (CLGSAs). Activities include facility inspections, live animal surveillance and tracking, public outreach, documentation of activities for enforcement of program policies.	

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 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 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 inspections of facilities seeking license to possess cervids and Eurasian Wild Boar on farmed cervid facilities and Certified Large Game Shooting Areas (CLGSAs). USDA WS is also able to assist DACF with the collection of Chronic Wasting Disease samples from domestic cervids. These are routine activities required for the management of this DACF captive cervid program; the department does not have access to the necessary resources to perform these duties unassisted. These activities are often requested with little to no advanced notice and require cooperation with state and federal agricultural and wildlife agencies.**

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

**This CSA has been in place for several years with USDA APHIS WS division over the history of the program. 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 regulatory compliance issues, which often continue over weekends and holidays. This vendor also has a CSA with DIFW, allowing for shared operational and logistic services. Accurate reporting on activities undertaken as part of this CSA is critical for the enforcement of cervid program regulations.**

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 and are accounted for on a “per need, per incident” basis. All response activities (hours worked, miles traveled, consumables utilized) are recorded and reimbursed to the grantee based on each separate request made by DACF for response assistance. USDA WS is able to support some response activities described by this CSA through federally funded initiatives as they are available.**

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: 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.

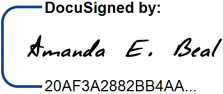
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*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 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):			
Typed Name:	Amanda E. Beal	Date:	3/17/2026
Signature of DAFS Procurement Official:			
Typed Name:		Date:	