



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 \$10,000 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	
Department Contract Administrator or Grant Coordinator:		Ronda Steciuk	
(If applicable) Department Reference #:			
Agency Department Code:	01A	Advantage CT / RQS #:	20240229*2374
Amount: (Contract/Amendment/Grant)	\$80,000		
CONTRACT	Proposed/Original Start Date:	3/26/2024	Proposed/Most Recent End Date: 3/26/2025
AMENDMENT	New Effective Date:	3/25/2025	New End Date (if Applicable): 3/25/2027
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		PetHealth Services (USA), Inc.	
Brief Description of Goods/Services/Grant:		PetPoint animal welfare management software for AWP case management and Dog Licensing Program	

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. Higher Education 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 Animal Welfare Program (AWP) requires a dog licensing database that complies with 7 MRS sec. 3925 and 7 MRS sec 3923-G. This amendment will continue AWP's database compliance with the current vendor (it currently has over 1200 municipal users inputted for dog licensing and provides case management resources).
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	The vendor is uniquely qualified and brings exceptional expertise in meeting animal welfare case management, dog licensing, and spay/neuter voucher management needs, all in a single database with photo and document uploads for every person and animal in the system. PetPoint is the most widely used animal welfare software, including animal welfare organizations, cities, towns, and counties throughout North America. In addition, many of AWP's current shelter partners that house seized animals also use this system, allowing animal record transfers between organizations. Other products were reviewed; however, only this vendor meets all of the Department's needs.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The rates are fair and reasonable for the number of needs it meets for the Program. This amendment is funded by the dedicated Animal Welfare Program fees, including dog licensing. In addition to meeting the needs at a fair price, the negotiated rate includes credit for microchips.
4. Describe the plan for future competition for the goods or services.	The performance review of this product will be completed in 2027 and reevaluated in light of AWP's needs and future product considerations and evaluations.

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) or (026) – 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	
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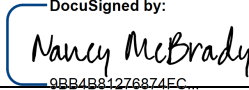
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Nancy McBrady	Date:	3/27/2026

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:			
Typed Name:	Katie Boynton, Systems Analyst	Date:	3/30/2026