



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/APH/Animal Health Program		
Department Contract Administrator or Grant Coordinator:		Megan Patterson		
(If applicable) Department Reference #:				
Agency Department Code:	01A	Advantage CT / RQS #:	CT 20260311*1891	
Amount: (Contract/Amendment/Grant)		\$48,000		
CONTRACT	Proposed/Original Start Date:	3/16/2026	Proposed/Most Recent End Date:	9/16/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		MIM Veterinary Consulting		
Brief Description of Goods/Services/Grant:		The provider will provide veterinary staffing to the Animal Health Program, including emergency response coverage and emergency response training to other AHP staff.		

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 Health Program needs these services on an emergent basis without the time for a competitive bidding process owing to two recent staff resignations (the State Veterinarian and an Assistant State Veterinarian), one of which was unanticipated.

APH needs these services in order to maintain sufficient, ongoing emergency response capabilities and other core program functions until those positions are filled. These capabilities and functions include completing an updated and complete general emergency response plan, providing an updated and complete HPAI poultry emergency response plan, and overseeing staff training on and implementation of these protocols.

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.

This vendor has expertise in Maine state and federal animal health regulations and their application. As the former incident commander for the Animal Health Program and the Bureau of Agriculture, Food and Rural Resources, this vendor has expertise in emergency response and developed the current, but outdated, emergency response plan. This vendor has worked extensively with poultry in Maine, and at a time when the poultry industry was much more robust. The vendor is familiar with and has used the EMERS portal.

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

According to Ziprecruiter.com, the average hourly rate for experienced, self-employed veterinarians in Maine ranges from \$100 to over \$130 per hour (\$211,100–\$264,800 annually). The selected provider in this case is even more valuable as a former State Veterinarian with significant, directly relevant experience. The provider will be paid \$100.00 per hour.

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

The need for these services was created by two unexpected vacancies. For one position, an offer has been accepted with an early May start date; for the other position, the search has closed and we hope to make an offer by early May. This agreement is necessary to help fill the void until the second position is filled, the person starts and will also provide some training for the second position. Given that, we do not expect to seek a competitive bid for these services in the future. If there is a future need, we will seek competitive bids.

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

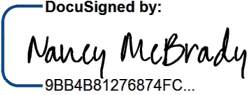
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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

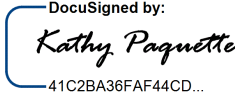
1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Nancy McBrady	Date:	4/6/2026

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:	Kathy Paquette	Date:	4/7/2026