



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/Animal and Plant Health/Seed Potato Certification Program		
Department Contract Administrator or Grant Coordinator:		Megan Patterson		
(If applicable) Department Reference #:				
Agency Department Code:	01A	Advantage CT / RQS #:	RQS 20260319*1477	
Amount: (Contract/Amendment/Grant)		\$ 114,965.44		
CONTRACT	Proposed/Original Start Date:	11/1/2025	Proposed/Most Recent End Date:	2/28/2026
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:		Maine Potato Board, Potato Disease Testing Laboratory Presque Isle, ME		
Brief Description of Goods/Services/Grant:		Perform laboratory testing of seed potato samples		

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
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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.
	Contract funds will be used to pay for lab testing of seed potatoes to ensure that they meet tolerances for diseases as required by the Maine Seed Certification Regulations. Certified Seed Potatoes must meet minimum post-harvest testing standards to be re-planted in Maine or exported and sold out of state for seed potatoes. These tests are conducted by Maine Potato Board staff who are USDA/APHIS certified plant disease diagnosticians in the department certification laboratory in Presque Isle. Testing of potato tubers is conducted so that Maine potato growers may meet North American Seed Certification Standards for the major potato diseases, including Potato Virus Y and Potato Leafroll Virus. The service has already been provided, and we are just paying the invoice.
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 is the only lab in the state that performs these tests for the potato industry. The DACF provides ongoing financial support to maintain the lab, keeping it in operation and available for future testing. Without this lab, seed potato growers would have a difficult time meeting the disease tolerance requirements to sell their crop.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	These costs were negotiated with the Maine Potato Board and are below the actual cost of providing these tests.
4.	Describe the plan for future competition for the goods or services.
	Currently there is ongoing funding earmarked in the state budget for the Maine Potato Disease Testing Laboratory, which is owned and operated by the Maine Potato Board. At present this is the only lab in the state certified to complete the necessary testing to certify potatoes. Should future needs change, the competitive process will be followed to obtain these services.

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

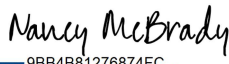
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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):	DocuSigned by:  <small>9BB4B81276874EC</small>		
Typed Name:	Nancy McBrady	Date:	4/17/2026

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:	DocuSigned by:  <small>7008790FB36A449...</small>		
Typed Name:	Michael McNeil	Date:	4/17/2026

NOI 0420260250 4/17-4/23