



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:		Marine Resources, Bureau of Public Health and Aquaculture	
Department Contract Administrator or Grant Coordinator:		HQ-Finance/Kathryn Stein	
(If applicable) Department Reference #:			
Agency Department Code:	13A	Advantage <u>CT</u> / RQS #:	2026041400000002128
Amount: (Contract/Amendment/Grant)		\$15,000	
CONTRACT	Proposed/Original Start Date:	5/1/2026	Proposed/Most Recent End Date: 9/30/2026
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:		Kennebec River Biosciences, Richmond, ME	
Brief Description of Goods/Services/Grant:		Monthly testing of salmon for ISAV	

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 checked="" 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 USDA has funded and supported a monthly testing program for Atlantic salmon to assess and manage the risk of Infectious Salmon Anemia Virus (ISAV) for two decades. DMR was notified in late March 2026 that USDA was terminating this funding and the laboratory contract and abandoning the program. DMR includes the monthly testing criteria in Chapter 24 regulations to ensure that potential diseases which may impact the recovery of endangered wild salmon are monitored closely and consistently. This contract is a temporary measure to ensure there is no non-compliance with existing regulations and that this critical testing continues without a gap while a more comprehensive solution can be developed through DMR and the Animal Health Technical Committee (AHTC). DMR anticipates completing this work by the end of September 2026.

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 selected vendor is Kennebec River Biosciences (KRB) who has held the USDA contract for around two decades. They have developed and maintained the testing capabilities to evaluate ISAV in salmon. Cell culture is necessary for the diagnosis of ISAV but requires specific cell lines, which must be maintained perpetually at the laboratory. These necessary cell lines are specific to salmon and are not readily available at commercial labs. The PCR testing method also requires primers that are specific to the ISA virus which most labs do not have access to. KRB is also a USDA certified lab with USDA certified veterinarians who have proper training and credentials to manage a regulatory sampling program of this sort. Because testing results may trigger a significant management response such as ordered destruction of animals and an indemnification process it is critical the lab is experienced and readily has the supplies and capability to run the required tests.

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

The costs are limited to a maximum of \$3,000 per month, which is the average cost during the previous contract held by USDA. This allows for the primary monthly testing to occur but also any additional testing required if a positive or suspect positive result is indicated. KRB will bill for actual samples processed each month, likely resulting in a cost less than \$3,000. The entire contract is capped at \$15,000 and ends September 30, 2026, when it is DMR's intention to have a more permanent solution in place to address testing needs.

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

DMR will run a competitive process for ISAV testing contracts once the DMR and AHTC determine how to advance this monitoring program into the future.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	Kohl Kanwit, Bureau Director, BPHA	Date:	04/14/2026

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):	 Carl Wilson (Apr 14, 2026 09:56:07 EDT)		
Typed Name:	Carl Wilson, Commissioner	Date:	04/14/2026

****OSPS Section Only****

Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	4/23/2026









PJF CT 13A 20260414-2128

Final Audit Report

2026-04-14

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