

State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of Procurement Services website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		Agriculture, Conservation and Forestry/Harness Racing Commission			
Department Contract Administrator or Grant Coordinator:		Miles Greenleaf			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)	\$ 10,121.80	Advantage CT / RQS #:	CT 01A 20190327*2708		
CONTRACT	Proposed Start Date:		Proposed End Date:		
AMENDMENT	Original Start Date:	July 1, 2018	Effective Date:	July 1, 2020	
	Previous End Date:	June 30, 2020	New End Date:	June 30, 2021	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		Foxcroft Large Animal Veterinary Associates PA			
Brief Description of Goods/Services/Grant:		The request is for equine and bovine veterinary services, on an as needed basis, at raceways and agricultural fairs that conduct live racing and draft and bovine pull events.			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

The work includes examining horses for soundness to race; oversee the state testing area; administer Lasix to those horses eligible for the Controlled Medication Program; and provide emergency medical treatment. The veterinarian must be on duty 3 ½ hours before established post time for Lasix administration and must remain ½ hour after the last race is declared official. The Department provides a harness racing technician to assist the veterinarian in carrying out the duties in the State Testing Area.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The provider offers a expertise that is what is needed to have harness racing meets.

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

The costs are adequate for the services that are being offered.

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

We are always looking for veterinarians that will do work for the harness racing commission at a very relatively low cost.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
	<i>Amanda Beal</i>		
	<small>2DAE3A2882BB4AA</small>		
Printed Name:	Amanda E. Beal, Commissioner	Date:	5/4/2020
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i>		
	<small>2D5B6E39F57E44A...</small>		
Printed Name:	William J.E. Allen	Date:	5/6/2020

NOI 0520200386 05/06/2020 - 05/12/2020