



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (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)	\$ \$344,000.00	Advantage CT / RQS #:	CT-01A-20230327*2464
CONTRACT	Proposed Start Date:	6/1/2023	Proposed End Date: 12/31/2023
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		University of Illinois at Chicago, Analytical Forensic Testing Laboratory	
Brief Description of Goods/Services/Grant:		Provide laboratory analysis of Blood samples from equine and bovine performance animals.	

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 checked="" type="checkbox"/>	J. Willing and Qualified
<input checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University 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 Laboratory shall provide to the Department staff all the items necessary to collect, label, process, store, and ship samples, inclusive of blood collections tubes, blood collections needles, sequentially numbered barcoded sample ID tags, tamper-proof security tape, chain of custody documents, shipping containers, security locks, coolants, padding/absorbent fill sheets, secondary watertight receptacles, and shipping labels. The Laboratory shall provide for the shipment and delivery of supplies to Department staff.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The provider is willing and qualified to do a 1-year contract with the Maine State Harness Racing Commission to provide blood analysis on racehorses and pulling draft animals. This is an emergency because we currently do not have a contract with a laboratory to conduct testing analysis's with the season starting on April 8, 2023.

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 because they are charging \$75.00 per sample and the other laboratories charge around \$125.00 per sample to analyze blood from racehorses and draft pulling animals.

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

The service that we require will go out for bid at the start of 2024 so that we have plenty of time to go through the process.

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

Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part V.


PART V: APPROVALS

The signatures below indicate approval of this procurement request.

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

Randy Charette

Procurement Justification Form (PJF)

Typed Name:	Randy Charette	Date:	5/30/2023
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	891CE7A1493D45B... Martha verhille	Date:	6/6/2023