



### 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:		Maine Warden Service K9	
Department Contract Administrator or Grant Coordinator:		Game Warden Lucas Bellanceau	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 11000.00	Advantage CT / RQS #:	20240603*01727
<b>CONTRACT</b>	Proposed Start Date:	<b>5/1/2024</b>	Proposed End Date: 12/1/2024
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Town of Standish Maine 175 Northeast Road Standish, Maine 04084	
Brief Description of Goods/Services/Grant:		MCJA certified K9	

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

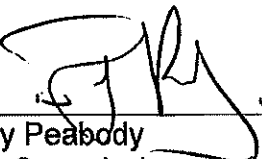
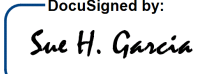
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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Please respond to ALL of the questions in the following sections.

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.	Three year old finished trained Labrador retriever detection K9.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Town of Standish is the owner of K9 Rain used by former Cumberland County Sherriff's Office. Deputy Charles Sawyer had been hired by Maine Warden Service and started employment on 5/1/2024. Town of standish will release ownership of K9 Rain to Maine Warden Service and purchased K9 equipment if reimbursement cost for K9 and equipment are paid. Charles Sawyer and K9 Rain will be able to start and fill a vacancy on the Maine Warden Service K9 team in Southern Maine.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The cost of \$7500 - \$10000 per dog is the current average rate for a one year old detection Labrador retriever with little to no formal training. K9 Rain is three years old and fully trained and currently certified through MCJA in tracking, evidence searches, and Search and Rescue. This makes K9 Rain specific to our needs but also much more advanced from dogs purchased from another vendor for a very reasonable price.
4. Describe the plan for future competition for the goods or services.	Continuously networking and comparing vendors, purchase price, and quality of K9's with other training groups and agencies within the state of Maine and nationwide. This is done regularly through training conferences, seminars and monthly in service training with other agencies.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: APPROVALS	
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The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):	 <i>Deputy Commissioner</i>		
Typed Name:	Timothy Peabody Deputy Commissioner	Date:	6/3/2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>E5DB92AC0F6D490...</small>		
Typed Name:	Sue H. Garcia	Date:	6/4/2024