

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) | \$ 20,000 | Advantage CT / RQS #: | CT 01A 20190327*2708 |
| CONTRACT | Proposed Start Date: | | Proposed End Date: |
| AMENDMENT | Original Start Date: | July 1, 2018 | Effective Date: |
| | Previous End Date: | June 30, 2024 | New End Date: |
| GRANT | Project Start Date: | | Grant Start Date: |
| | Project End Date: | | Grant End Date: |
| Vendor/Provider/Grantee Name, City, State: | | Dr. Dennis A. Ruksznis | |
| 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. | |

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 past experience 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): | <i>By signing below, I signify that I approve of this procurement request.</i> | | |
| | <small>DocuSigned by:</small> <i>Randy Charette</i> | | |
| Printed Name: | Randy Charette | Date: | 6/3/2024 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> <i>Kathy Paquette</i> | | |
| Printed Name: | Kathy Paquette | Date: | 6/6/2024 |