



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:		DACF Division of Animal Health	
Department Contract Administrator or Grant Coordinator:		Taryn Pearson, Assistant State Veterinarian	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 14,269.67	Advantage CT / RQS #:	20231211*1666
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	1/1/2024	Effective Date:
	Previous End Date:	12/31/2024	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		US DEPT AGRICULTURE APHIS - WILDLIFE SERV ST. LOUIS, MO	
Brief Description of Goods/Services/Grant:		Perform program response activities involving escaped exotic cervids and Eurasian Wild Boar from DACF licensed cervid facilities and Certified Large Game Shooting Areas (CLGSAs). Activities include live animal surveillance and tracking, public outreach, documentation of activities for enforcement of program policies and animal euthanasia. Other services including assisting DACF with collection of Chronic Wasting Disease samples from cervids in the licensing program.	

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 checked="" 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 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 purpose of this Cooperative Service Agreement is to allow USDA, Wildlife Services (WS) to assist Maine Department of Agriculture, Conservation & Forestry, Division of Animal and Plant Health (ME DACF DAPH) on an as needed basis to perform lethal removal of escaped exotic cervids and Eurasian Wild Boar from licensed cervid facilities and Certified Large Game Shooting Areas (CLGSAs). USDA WS is also able to assist DACF with collection of Chronic Wasting Disease samples from domestic cervids. These are routine activities required for the management of this DACF captive cervid program, however the department does not have access to the necessary resources to perform these duties unassisted. These activities are often requested with little to no advanced notice and require cooperation with state and federal agricultural and wildlife agencies.**

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

**This CSA has been in place for many years with USDA APHIS WS division. The USDA APHIS WS is uniquely situated to perform all duties stated in the workplan under one contract, rather than multiple contracts with private vendors therefore reducing administrative costs to DACF and total response and corrective actions. This also facilitates a rapid response to reports of escaped animals, which often continue over weekends and holidays. This vendor also has a CSA with DIFW allowing for shared operational and logistic services. Accurate reporting on activities undertaken as part of this CSA are critical for enforcement of cervid program regulations.**

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

**The costs associated with this CSA are fair and reasonable and are accounted for on a “per incident” basis. All response activities (hours worked, miles traveled, consumables utilized) are recorded and reimbursed to the grantee based on each separate request made by DACF for response assistance. USDA WS is able to support some response activities described by this CSA through federally funded initiatives such as feral swine control programs.**

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

**Future competition is possible if the posting of this document brings forth more vendors determined to be qualified to complete this work plan all-inclusive.**

**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).

<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> 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](#).

<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.
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**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Amanda E. Beal</i> 20AF3A2882BB4AA...		
Typed Name:	Amanda E. Beal	Date:	7/12/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Martha Verhille</i> 891CE7A1493D45B...		
Typed Name:	Martha verhille	Date:	8/1/2024