



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

| PART I: OVERVIEW | | | |
|---|-------------------------------|---|---|
| Department Office/Division/Program: | | Maine Department of Inland Fisheries and Wildlife (MDIFW)/ Wildlife Division | |
| Department Contract Administrator or Grant Coordinator: | | Jennifer Vashon, Game Research and Management Section Supervisor | |
| (If applicable) Department Reference #: | | | |
| Agency Department Code: | | Advantage CT / RQS # : | MA 18P 180924*0038 |
| Amount: (Contract/Amendment/Grant) | | \$15,000.00 | |
| CONTRACT | Proposed/Original Start Date: | 11/1/2018 | Proposed/Most Recent End Date: 10/31/2025 |
| AMENDMENT | New Effective Date: | 11/1/2025 | New End Date (if Applicable): 10/31/2026 |
| GRANT | Project Start Date: | - | Grant Start Date: - |
| | Project End Date: | - | Grant End Date: - |
| Vendor/Provider/Grantee Name, City, State: | | Colorado State University Veterinary Diagnostics Laboratories, Fort Collins, Colorado | |
| Brief Description of Goods/Services/Grant: | | Chronic Wasting Disease (CWD) Testing | |

| 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. Higher Education 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. | |
| | During the amended contract period, MDIFW will ship up to 600 tissue samples to the Provider to test for Chronic Wasting Disease (CWD). Tissue samples will consist of lymph nodes and/or the obex from each deer, moose, or misc. cervid. For deer samples, the Provider will assess whether CWD is present in tissue samples using enzyme-linked immunosorbent assay (ELISA) tests. If lymph nodes are present, they should be analyzed in preference to the obex. For moose samples and deer samples other than whitetail, the Provider will assess whether CWD is present in tissue samples using immunohistochemistry (IHC) techniques approved by the USDA for CWD surveillance. Any tissue sample that tests positive will be confirmed using IHC under this contract. Once the analyses are complete, the provider will submit a report that indicates the test results for each sample that was submitted. |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable. | |
| | We did a RFQ in 2021 (RFQ 2107060000000000004), and we did not receive any competing bids, therefore, we contracted with the Colorado State University Veterinary Diagnostic Labs whom we've worked with for many years previously. We seek a 1-year amendment to that contract. |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | |
| | We determined that the cost of testing for Chronic Wasting Disease is fair and reasonable based on similar diagnostic tests by other laboratories. 2025 Costs: \$25/ELISA test if <20 samples. \$24/ELISA test if >20 samples. \$45/IHC test. |
| 4. Describe the plan for future competition for the goods or services. | |
| | Only certain veterinary diagnostic laboratories- including CSUVDL- in the US are certified to perform CWD diagnoses. IFW staff do not have the expertise nor the facilities necessary to perform these tests. Other USDA certified laboratories do not compete with each other for sample testing rather states are encouraged to send their samples to designated laboratories. RFQs will be done periodically (~5 years) with contract amendments between. |

| PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP) | |
|--|--|
| Does this request utilize ARPA/MJRP funds? | |
| <input type="checkbox"/> 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. | |

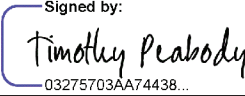
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

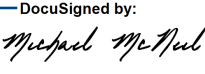
The signature below indicates approval of this procurement request.

| | | | |
|--|--|-------|-----------|
| Signature of requesting Department's Commissioner (or designee): | Signed by:  <small>03275703AA74438...</small> | | |
| Typed Name: | Timothy Peabody | Date: | 8/26/2025 |

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

| | | | |
|--|--|-------|--|
| Signature of requesting Department's Commissioner (or designee): | | | |
| Typed Name: | | Date: | |

| | | | |
|---|--|-------|-----------|
| Signature of DAFS Procurement Official: | DocuSigned by:  <small>7008796FB36A449...</small> | | |
| Typed Name: | 8/26/2025 | Date: | 8/26/2025 |

NOI 0820250808 8/26-9/1

Certificate Of Completion

| | |
|--|-----------------------------|
| Envelope Id: 1A401C6E-B688-44C0-B4DA-4F1C22BA561E | Status: Completed |
| Subject: PJF to sign: Colorado State University PJF for MA extension | |
| Source Envelope: | |
| Document Pages: 3 | Signatures: 1 |
| Certificate Pages: 4 | Initials: 0 |
| AutoNav: Enabled | Envelope Originator: |
| Envelopeld Stamping: Enabled | Diana Harper |
| Time Zone: (UTC-08:00) Pacific Time (US & Canada) | 353 Water Street |
| | 41 SHS |
| | Augusta, ME 04333-0041 |
| | diana.harper@maine.gov |
| | IP Address: 198.182.163.126 |

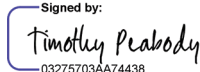
Record Tracking

| | | |
|--------------------------------------|-------------------------------------|--------------------|
| Status: Original | Holder: Diana Harper | Location: DocuSign |
| 8/25/2025 6:04:13 AM | diana.harper@maine.gov | |
| Security Appliance Status: Connected | Pool: StateLocal | |
| Storage Appliance Status: Connected | Pool: Inland Fisheries and Wildlife | Location: Docusign |

Signer Events

Timothy Peabody
 timothy.e.peabody@maine.gov
 Deputy Commissioner
 Security Level: Email, Account Authentication (None)

Signature

Signed by:

 03275703AA74438...
 Signature Adoption: Pre-selected Style
 Using IP Address: 198.182.163.113

Timestamp

Sent: 8/25/2025 6:05:15 AM
 Viewed: 8/26/2025 4:23:51 AM
 Signed: 8/26/2025 4:24:27 AM

Electronic Record and Signature Disclosure:

Accepted: 8/26/2025 4:23:51 AM
 ID: f748c42a-7bef-49c1-b2ef-e032bdd55fb8

| In Person Signer Events | Signature | Timestamp |
|-------------------------|-----------|-----------|
|-------------------------|-----------|-----------|

| Editor Delivery Events | Status | Timestamp |
|------------------------|--------|-----------|
|------------------------|--------|-----------|

| Agent Delivery Events | Status | Timestamp |
|-----------------------|--------|-----------|
|-----------------------|--------|-----------|

| Intermediary Delivery Events | Status | Timestamp |
|------------------------------|--------|-----------|
|------------------------------|--------|-----------|

| Certified Delivery Events | Status | Timestamp |
|---------------------------|--------|-----------|
|---------------------------|--------|-----------|

| Carbon Copy Events | Status | Timestamp |
|--------------------|--------|-----------|
|--------------------|--------|-----------|

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status | Timestamps |
|-------------------------|--------|------------|
|-------------------------|--------|------------|

| | | |
|---------------------|------------------|----------------------|
| Envelope Sent | Hashed/Encrypted | 8/25/2025 6:05:15 AM |
| Certified Delivered | Security Checked | 8/26/2025 4:23:51 AM |
| Signing Complete | Security Checked | 8/26/2025 4:24:27 AM |
| Completed | Security Checked | 8/26/2025 4:24:27 AM |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
|----------------|--------|------------|

Electronic Record and Signature Disclosure