

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: | DACF/Animal and Plant Health/Seed Potato Certification Program | | | |
| Department Contract Administrator or Grant Coordinator: | Ann Gibbs ann.gibbs@maine.gov | | | |
| (If applicable) Department Reference #: | n/a | | | |
| Amount: (Contract/Amendment/Grant) | \$130,000.00 | Advantage CT / RQS #: | CT 01A 20210915*0691 | |
| CONTRACT | Proposed Start Date: | 10/15/21 | Proposed End Date: | 2/15/22 |
| 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: | Maine Potato Board Potato Disease Testing Laboratory Presque Isle, ME | | | |
| Brief Description of Goods/Services/Grant: | Perform laboratory testing of seed potato samples. | | | |

| 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 |
| | 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 |

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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.

Contract funds will be used to pay for lab testing of seed potatoes to ensure that they meet tolerances for diseases as required by the Maine Seed Certification Regulations. Certified Seed Potatoes must meet minimum post-harvest testing standards to be re-planted in Maine or exported and sold out of state for seed potatoes. These tests are conducted by Maine Potato Board staff who are USDA/APHIS certified plant disease diagnosticians in the department certification laboratory in Presque Isle. Testing of potato tubers are conducted so that Maine potato growers may meet North American Seed Certification Standards for the major potato diseases including Potato Virus Y and Potato Leafroll Virus.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

This is the only lab in the state that does these tests for the potato industry. Also, the DACF provides on-going financial support to maintain the lab to keep it in operation to be available for future testing. Without this lab the seed potato growers would have a difficult time meeting the disease tolerance requirements to sell their crop.

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

These costs were negotiated with the Maine Potato Board and are below the actual cost of providing these tests.

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

This lab will be the unique resource located in Aroostook County, the major potato growing region of the state.

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>Amanda E. Beal</i> | | |
| Printed Name: | <small>20AF3A2882BB4AA...</small> Amanda E. Beal | Date: | 9/24/2021 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> <i>Debbie Jacques</i> | | |
| | <small>1DFA565D481F42E...</small> | | |
| Printed Name: | Debbie Jacques | Date: | 9/30/2021 |