



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 \$5,000 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:		Department of Inland Fisheries and Wildlife (MDIFW) Wildlife Division	
Department Contract Administrator or Grant Coordinator:		Jennifer Vashon, GRAM Section Supervisor Diana Harper, Office Associate II	
(If applicable) Department Reference #:		MA 18P 180924*0038	
Amount: (Contract/Amendment/Grant)	\$ 15,000.00	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	11/1/2018	Effective Date:
	Previous End Date:	10/31/2024	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Colorado State University Veterinary Diagnostic 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. 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.	
	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. If costs may be reduced by mounting samples from multiple animals per slide, the Provider is encouraged to do so. 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 RFP number, if applicable.	
	We did a RFQ in 2021, and we did not receive any 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. 2024 Costs: \$25/ELISA test if < 20 samples. \$24/ELISA test if >20 samples. \$37/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 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.	

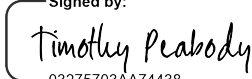
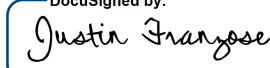
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	Signed by:  03275703AA74438...		
Typed Name:	Timothy Peabody Deputy Commissioner	Date:	9/20/2024
Signature of DAFS Procurement Official:	DocuSigned by:  AEED9C7B3A8044E...		
Typed Name:	Justin Franzose	Date:	9/23/2024

Certificate Of Completion

Envelope Id: AE75F5A5E7F84A39BC04AF7406BDF8CA	Status: Completed
Subject: PJF to sign: MA 180924_038 PJF ext thru 10.31.25 Colorado State University	
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
9/20/2024 9:09:32 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: 9/20/2024 9:11:03 AM
 Viewed: 9/20/2024 12:12:35 PM
 Signed: 9/20/2024 12:12:52 PM

Electronic Record and Signature Disclosure:
 Accepted: 9/20/2024 12:12:35 PM
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In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	9/20/2024 9:11:03 AM
Certified Delivered	Security Checked	9/20/2024 12:12:35 PM
Signing Complete	Security Checked	9/20/2024 12:12:52 PM
Completed	Security Checked	9/20/2024 12:12:52 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure