



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/Animal and Plant Health/Seed Potato Certification Program	
Department Contract Administrator or Grant Coordinator:		Ann Gibbs <a href="mailto:ann.gibbs@maine.gov">ann.gibbs@maine.gov</a>	
(If applicable) Department Reference #:		n/a	
Amount: (Contract/Amendment/Grant)	\$ \$130,000.00	Advantage CT / RQS #:	CT 01A 20221014*1106
CONTRACT	Proposed Start Date:	10/21/2022	Proposed End Date: 2/15/2023
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			
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 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.

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. Reference the RFP number, if applicable.

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: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

### PART V: 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, Commissioner	Date:	10/25/2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>Martha Verhille</i> 891CE7A1493D45B...		
Typed Name:	Martha verhille	Date:	10/26/2022

