



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:		Maine Warden Service K9	
Department Contract Administrator or Grant Coordinator:		Cynthia Rego	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$15,000.00	Advantage CT / RQS #:	09A-20231101*0689
CONTRACT	Proposed Start Date:	8/17/2023	Proposed End Date: 1/31/2024
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:		Royce Ilse/ Sand Country Outdoors 711 W Escondido Rd Kingsville, Texas 78363	
Brief Description of Goods/Services/Grant:		Two Search and rescue K9's	

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.	Two one year old "green" Labrador retriever detection K9.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Selected vendor has raised selected K9's specifically for the unique and diverse application Warden Service K9's are used for. This vendor provides K9's that are more easily implemented into Warden service search and rescue training program than a typical "green" detection dog that is generally raised for "single purpose" narcotics or explosives detection work generally available from other vendors. Warden Service K9's are trained in multiple disciplines which requires a more intelligent and specific drive levels to effectively meet our K9 program needs. This vendor has supplied a previous Warden Service K9 Koda that has been tremendously successful in out application.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The cost of \$7500 per dog is less than the current average rate for a one year old detection Labrador retriever with little to no formal training. Both of the K9's being purchased have been started in training in each application MWS will be utilizing them in, making them more specific to our needs but also much ore advanced from dogs purchased from another vendor.
4. Describe the plan for future competition for the goods or services.	Continuously networking and comparing vendors, purchase price, and quality of K9's with other training groups and agencies within the state of Maine and nationwide. This is done regularly through training conferences, seminars and monthly in service training with other agencies.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: APPROVALS	
The signatures below indicate approval of this procurement request.	

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Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Timothy Peabody, Deputy Commissioner	Date:	11/1/2023
Signature of DAFS Procurement Official:	<p>DocuSigned by:  <small>2D5B6E39F57E44A...</small></p>		
Typed Name:	William J.E. Allen	Date:	11/1/2023

NOI 1120231215 11/02/2023 - 11/08/2023