



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:		DACF Animal Welfare Program	
Department Contract Administrator or Grant Coordinator:		Ronda Steciuk	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 18,785.00	Advantage CT / RQS #:	CT#: 20240229*2374
<b>CONTRACT</b>	Proposed Start Date:		Proposed End Date:
<b>AMENDMENT</b>	Original Start Date:	<b>3/26/2024</b>	Effective Date:
	Previous End Date:	<b>3/25/2025</b>	New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		PetHealth Services (USA), Inc.	
Brief Description of Goods/Services/Grant:		PetPoint animal welfare management software for AWP and Dog Licensing program. Amendment is specific to online Dog Licensing.	

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 checked="" 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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Contract originally limited the number of dog licenses to be sold online to 5,800 as the original intent was to have a 'test program' in 2023. Contract execution did not occur until 4/23/24 and parties failed to adjust to 30,000 online licenses expected for a full online licensing season.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This is an amendment in number/amount only to existing current contract The vendor is uniquely qualified and brings exceptional expertise in meeting animal welfare case management, dog licensing needs, and spay/neuter voucher management in one database with photo and document uploads for every person and animal in the system. PetPoint is the most widely used animal welfare software, including animal welfare organizations, cities, towns, and counties throughout North America, and many of our current shelter partners who house animals seized by the state already use this system allowing for animal record transfers from organization to organization. Other products were reviewed, however only this vendor meets all of the Department's needs.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	This is per license online transaction fee, paid by customer, we're merely adjusting the error in cap number/amount.
4. Describe the plan for future competition for the goods or services.	Review of performance will be completed following initial year.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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.	

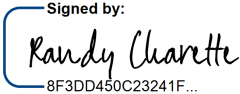
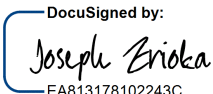
<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
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Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with 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:  8F3DD450C23241F...		
Typed Name:	Randy Charette Deputy Commissioner	Date:	10/16/2024
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	10/16/2024