



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 and Plant Health | | |
| Department Contract Administrator or Grant Coordinator: | | Megan Patterson | | |
| (If applicable) Department Reference #: | | | | |
| Amount: (Contract/Amendment/Grant) | \$31,500.00 | Advantage CT / RQS #: | CT 01A 20241023*1068 | |
| CONTRACT | Proposed Start Date: | 11/1/2024 | Proposed End Date: | 6/30/2027 |
| 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 Presque Isle, Maine | | |
| Brief Description of Goods/Services/Grant: | | Annual funding to support the Maine Potato Disease Testing Laboratory in Presque Isle for FY25, FY26, and FY27. | | |

| 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 | |
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| 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I. | These contract funds are utilized to help maintain the availability of a USDA/APHIS certified plant disease diagnostician in the state laboratory that is operated by the Maine Potato Board. The laboratory is necessary to perform testing of potato foliage and tubers so Maine potato growers can meet North American Seed Certification Standards for the major potato diseases such as Potato Virus Y, Leafroll Virus, Late Blight and Bacterial Ring Rot. |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. | The lab was previously operated by the State, but due to fiscal constraints the Department now contracts with the Maine Potato Board to operate the laboratory as a requirement of the transfer of management and operation of the laboratory. This is the only lab in the state available to do this testing. |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | A \$5,000 payment was negotiated in the original agreement in 2010 between the Department of Agriculture, Conservation and Forestry and the Maine Potato Board. The payment was increased to \$10,500/year in 2016 to cover the costs of additional space that is needed to accommodate the increased volume of testing and the added expenses to run the facility. |
| 4. Describe the plan for future competition for the goods or services. | This is the only lab certified as a Potato Disease Testing Laboratory in the state. It is operated by the Maine Potato Board. In the event the lab is no longer viable for us to use, then we would do an RFP for this service. |

| 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 | |
|---|--|
| <i>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.</i> | |
| <input checked="" type="checkbox"/> 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): | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p><small>DocuSigned by:</small></p> <p><i>Craig Lapine</i></p> <p><small>5A51A03AD2D24B6...</small></p> </div> <div style="text-align: center;"> <p><small>Signed by:</small></p> <p><i>Randy Charette</i></p> <p><small>8F3DD450C23241F...</small></p> </div> <div style="text-align: right;"> <p>11/12/2024</p> </div> </div> | | |
| Typed Name: | Craig Lapine Randy charette | Date: | 11/8/2024 |
| Signature of DAFS Procurement Official: | <div style="text-align: center;"> <p><small>DocuSigned by:</small></p> <p><i>Martha Verhille</i></p> <p><small>891CE7A1493D45B...</small></p> </div> | | |
| Typed Name: | Martha Verhille | Date: | 11/14/2024 |