



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 \$10,000 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 Agriculture, Conservation, & Forestry: Division of Animal Health		
Department Contract Administrator or Grant Coordinator:		Dr. Taryn Pearson, Assistant State Veterinarian		
(If applicable) Department Reference #:				
Agency Department Code:	01A	Advantage CT / RQS #:	CT 20251202*1276	
Amount: (Contract/Amendment/Grant)		\$19,999.71		
CONTRACT	Proposed/Original Start Date:	1/1/2026	Proposed/Most Recent End Date:	12/31/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		US DEPT AGRICULTURE APHIS – WILDLIFE SERV		
Brief Description of Goods/Services/Grant:		The provider will perform disease response tasks related to escaped exotic cervids and wild boar from DACF-licensed cervid facilities and Certified Large Game Shooting Areas (CLGSAs). Such tasks include surveillance of live animals, tracking of animals, public outreach, animal euthanasia, and documentation of activities for the enforcement of program policy purposes. The provider will also assist DACF with collecting samples for Chronic Wasting Disease testing from cervids in the licensing program.		

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
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<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. Higher Education 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.	<p>The purpose of this Cooperative Service Agreement (CSA) is to allow USDA, Wildlife Services (WS) to assist the Maine Department of Agriculture, Conservation, & Forestry’s Division of Animal Health (ME DACF DAPH) on an as-needed basis to perform lethal removal of escaped exotic cervids and Eurasian Wild Boar from licensed cervid facilities and Certified Large Game Shooting Areas (CLGSAs). USDA WS is also needed to assist with the collection of samples from domestic cervids for Chronic Wasting Disease testing. These processes are routine activities required for the management of cervid facilities licensed under ME DACF DAPH, however, the Department does not have access to the necessary resources to perform these duties unassisted. These activities are often requested with little to no advance notice and require cooperation with state and federal agricultural and wildlife agencies.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	<p>This Cooperative Service Agreement has been in place for multiple years with USDA APHIS WS division. The USDA APHIS WS is uniquely situated to perform all duties stated in the work plan under one contract, rather than multiple contracts with private vendors; therefore, administrative costs can be reduced for ME DACF DAPH, ensuring a timely response and minimizing corrective actions. This CSA also facilitates rapid response times to reports of escaped domestic exotic cervid or Eurasian Wild Boar, which often continue over weekends and holidays. This vendor also has a CSA with the Maine Department of Inland Fisheries & Wildlife, allowing for shared operational and logistical services. Accurate reporting on activities undertaken as part of this CSA are critical for enforcement of cervid program regulations.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The costs associated with this CSA are fair and are accounted for on a “per incident” basis. All response activities (hours worked, miles traveled, consumables utilized) are recorded and reimbursed to the grantee based on each separate request made by DACF for response assistance. USDA WS is able to support some response activities described by this CSA through federally funded initiatives such as feral swine control programs.</p>
4. Describe the plan for future competition for the goods or services.	<p>Future competition is possible if the posting of this document brings forth more vendors determined to be qualified to complete this work plan inclusively.</p>

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

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

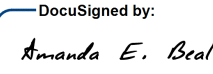
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	DocuSigned by:  20AF3A2882BB4AA...		
Typed Name:	Amanda E. Beal	Date:	12/12/2025

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department’s Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by:  891CE7A1493D45B...		
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Procurement Justification Form (PJF)

Typed Name:	Martha verhille	Date:	12/22/2025
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