



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:	Inland Fisheries and Wildlife/Wildlife Diversity Section		
Department Contract Administrator or Grant Coordinator:	Cory Stearns Diana Harper		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$58,656	Advantage CT / RQS #:	CT-09A-20231201*1546
CONTRACT	Proposed Start Date:	2/13/2024	Proposed End Date: 10/1/2025
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:	University of New England Biddeford, ME		
Brief Description of Goods/Services/Grant:	Provide genetic analyses and technical assistance to support a northern bog lemming research project.		

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 checked="" 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.

The provider shall work with MDIFW biologists to: develop a survey protocol to detect northern bog lemmings, select sites for survey, train field crews, write annual project reports, and submit at least 1 article for publication in a scientific journal. Additionally, the provider will conduct surveys following the protocol, conduct a trapping effort to collect specimens and genetic samples, and complete a genetic analysis to determine the small mammal species present at approximately 120 survey sites over the 2-year project.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Dr. Zachary Olson will be the lead on the project for the University of New England. He is one of the world's leading experts on northern bog lemmings and has developed the genetic and survey techniques to document the species. To our knowledge, he is the only university researcher with previous experience with the species in Maine. Therefore, he is uniquely qualified to conduct this research, and is willing and able to do so.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

MDIFW works with several other genetic labs and university researchers, and the costs are comparable to the cost of other projects.

4. Describe the plan for future competition for the goods or services.

MDIFW will consider other alternatives including the qualifications and costs of other vendors.

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:

03275703AA74438...

Typed Name:

Tim Peabody

Date:

12/22/2023

Signature of DAFS Procurement Official:	<div>DocuSigned by: <i>Martha Verhille</i> 891CE7A1493D45B...</div>		
Typed Name:	Martha verhille	Date:	3/26/2024