



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:		Education	
Department Contract Administrator or Grant Coordinator:		Susan Berry	
(If applicable) Department Reference #:		n/a	
Amount: (Contract/Amendment/Grant)	\$ 14,500	Advantage CT / RQS #:	20221223*1747
CONTRACT	Proposed Start Date:	1/26/2023	Proposed End Date: 1/27/2023
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:		Samorock, LLC (The Samoset Resort) 220 Warrenton St. Rockport, ME 04856	
Brief Description of Goods/Services/Grant:		Conference venue with lodging, food and meeting space	

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.

The Maine Winter Wellness Summit is a professional learning opportunity designed for school employees that is a component of the Maine Schoolsite Health Promotion Program run by the Maine DOE. The program focuses on improving the health and wellbeing of school staff and influencing the health of students and a healthier school environment. This includes aspects of physical, mental, emotional, social, and occupational health. Schools send teams or individuals to gather resources, tools and strategies to enhance the health and well-being of staff, students and the school environment. The professional learning includes how to develop annual health promotion and wellness action plans for their schools and/or districts. Healthier staff, students and environments improve attendance and support academic success. This work has always been important, however then need has been elevated due to the recent pandemic.

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

This event requires space for general sessions, breakout sessions and engagement in wellness opportunities and a location conducive to health promotion, wellness and learning through experiences. There are a very limited number of facilities in Maine that can offer the total package of services at the state rate and accommodate the number of attendees. There are no other venues available in the chosen area for the Summit that would meet both the needs of space and environment. We require at least 6 breakout session rooms and a larger room for plenary sessions as well as space for movement and wellness activities throughout the day. The facility needs to provide food and lodging at an affordable cost. Strong wifi and audio/visual equipment is a must for the breakout rooms to have successful sessions. At least 150 attendees are expected and up to 250 may attend.

The facility is spacious allowing the attendees to be spread out providing for a healthier, safer meeting space.

The Armory system and four other venues were contacted for the Summit looking for space for January and February 2023.

The Armory does not have a facility in the chosen location nor do they have facilities that provide the space and A/V equipment for the rooms that we need.

Two other venues were contacted but were not available, they were not open at the time or they could not accommodate the number of attendees. A third venue submitted a bid however, their space was not adequate for our minimum number of expected attendees (150) to engage in sessions and to allow for flow of the attendees within the spaces and given the agenda. (Multiple use of spaces could not allow for turnaround of food to sessions and wellness activities.)

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

This event is being held during The Samoset Resorts' off season so they are able to offer the use of their conference meeting spaces and general spaces at a reduced rate and meet State per diem rates. The majority of the facility will be available to our attendees allowing for increased engagement and experiences. There is not an additional cost for outdoor spaces and fitness facilities which will be utilized. The facility is

PART III: SUPPLEMENTAL INFORMATION

willing to work with the State to offer quality food and lodging at the government per diem rate. As a health promoting and wellness event, the environment and healthier food options is important.

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

For future events we will engage in the competitive bid process or mini-bids process to ascertain a quality facility that will meet our location and facility needs at a low or reasonable cost.

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):			
Typed Name:	Daniel A. Chuhta	Date:	12/27/2022
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michelle Fournier <small>066BBD96EE5347F</small>	Date:	1/3/2023


Certificate Of Completion

Envelope Id: 8448F3B703054FA2AFCE486E311FD1C9	Status: Completed
Subject: Please DocuSign This Document	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Daniel A. Chuhta Daniel.Chuhta@maine.gov
Envelopeld Stamping: Disabled	IP Address: 64.207.219.137
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

Record Tracking

Status: Original 12/27/2022 11:31:53 AM	Holder: Daniel A. Chuhta Daniel.Chuhta@maine.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Maine Department of Education	Location: DocuSign

Signer Events

Signature	Timestamp
Daniel A. Chuhta Daniel.Chuhta@maine.gov Deputy Commissioner Maine Department of Education Security Level: Email, Account Authentication (None)	Sent: 12/27/2022 11:31:55 AM Viewed: 12/27/2022 11:32:55 AM Signed: 12/27/2022 11:33:15 AM Freeform Signing
	
Signature Adoption: Uploaded Signature Image Using IP Address: 72.231.250.95	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent	Hashed/Encrypted	12/27/2022 11:31:55 AM
Certified Delivered	Security Checked	12/27/2022 11:32:55 AM
Signing Complete	Security Checked	12/27/2022 11:33:15 AM
Completed	Security Checked	12/27/2022 11:33:15 AM

Payment Events**Status****Timestamps**