



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:		DACF/MFS/FPD		
Department Contract Administrator or Grant Coordinator:		Cheri Bellavance		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$7842.76	Advantage CT / RQS #:	RQS 2022120700000000719
CONTRACT	Proposed Start Date:	n/a	Proposed End Date:	
AMENDMENT	Original Start Date:	n/a	Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:	n/a	Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		NFFPC, 7 Palomino Rd, Guilford NH 03249		
Brief Description of Goods/Services/Grant:		Maine's share for the cost of operating the NFFPC for FY23		

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 mandate of the Northeastern Forest Fire Protection Commission is to provide the means for its member states and provinces to cope with fires that might be beyond the capabilities of a single member through information, technology and resource sharing (mutual aid) activities. Maine is a member of this compact and must pay its share for it to run efficiently.**

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

This is the only such collaboration of its kind in New England

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

The amount is based on an approved budget at the annual Commissioners meeting

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

There are no current plans for future competition as there is no other collaboration of its kind.

### 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:

*Amanda E. Beal*

Typed Name:

Amanda E. Beal

Date: 1/18/2023

Signature of DAFS  
Procurement Official:

DocuSigned by:

*Justin Franzose*

Typed Name:

Justin Franzose

Date: 1/19/2023