



## 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:	Maine Office of Community Affairs		
Department Contract Administrator or Grant Coordinator:	Hilary Gove		
(If applicable) Department Reference #:			
Agency Department Code:	07E	Advantage CT / RQS #:	CT 07E 20251222000000001460
Amount: (Contract/Amendment/Grant)	\$ 13,048		
CONTRACT	Proposed/Original Start Date:	11/1/2025	Proposed/Most Recent End Date: 6/30/2026
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:	Eastern Maine Development Corporation, Bangor, ME		
Brief Description of Goods/Services/Grant:	Municipal housing data collection in accordance with 5 M.R.S. § 3241		

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. 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.

In July 2025, Governor Mills signed into law [LD 1184](#), An Act to Require Municipal Reporting on Residential Building Permits, Dwelling Units Permitted and Demolished. This law requires municipalities--with 4,000 or more residents--to report building permit, certificate of occupancy, and demolition data to the Housing Opportunity Program.

The Housing Opportunity Program seeks support from the 10 regional councils to provide technical assistance to municipalities—especially those with 4,000 or more residents-- to encourage reporting of this housing data. Since this is a new requirement for municipalities, municipalities will need support from the regional councils to ensure that data is provided in a timely and consistent matter. This data will be used to track housing production across the State.

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.

The Housing Opportunity Program identified the Provider as an entity with the unique experience and expertise to carry out a data collection project in its region. As the only regional council in the Penobscot region, this Provider has built strong relationships with its member communities and has significant experience working with municipalities on land use, zoning, housing, transportation, and economic development projects. The Provider has the staff capacity, knowledge, and skills to connect with its member communities and facilitate the collection of needed housing data.

In addition, this Provider is one of 10 regional councils willing to assist with this project to collect data statewide. Participation from all 10 regional councils is imperative for robust data collection necessary to inform local and state housing policy.

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

This contract includes funding for the Provider to carry out a regional housing data project, which aims to facilitate a unified approach to collecting municipal housing data from its member communities. The costs were determined based on the number of municipalities in each region that are required to submit housing data to the Housing Opportunity Program pursuant to state law. These funds are fair and reasonable for the scope of the project, as well as the Provider's staff pay rates.

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

The Housing Opportunity Program may plan for future competition for this service, based on funding availability.

### 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) or (026) – 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**


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

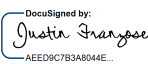
1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Samantha Horn	Date:	11/26/2025

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:			
Typed Name:	Justin Franzose	Date:	1/13/2026