



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:		Agriculture/ARD	
Department Contract Administrator or Grant Coordinator:		Melissa Jordan	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 18,325.00	Advantage CT / RQS #:	RQS 01A 20230124*0884
CONTRACT	Proposed Start Date:	2/1/2023	Proposed End Date: 3/30/2023
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:		NASDA, Arlington, VA	
Brief Description of Goods/Services/Grant:		Space fee for participation in tradeshow.	

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.

Rental fee for square footage space to take part in SIAL America tradeshow. DACF will host Maine food producers to expand markets for their products nationally and internationally.

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

Trade show, no vendor choice.
This opportunity is only offered in conjunction with the tradeshow listed.

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

Space offered only by NASDA and therefore is not negotiable.

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

~~N/A~~

DACF thoroughly scouts all potential shows to ensure a good fit for our producers. Competitive process will be used if necessary in the future.

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
20AF3A2882BB4AA...

Typed Name:

Amanda E. Beal

Date:

1/27/2023

Signature of DAFS
Procurement Official:

DocuSigned by:
Michelle Fournier
066BRD96EE5347F...

Typed Name:

Michelle Fournier

Date:

2/6/2023