



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 #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ \$77,566.00	Advantage CT / RQS #:	RQS 01A 2023*0936
CONTRACT	Proposed Start Date:	2/15/2023	Proposed End Date: 4/30/2023
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:		VC0000249044, Summit Exhibits, Orlando, FL	
Brief Description of Goods/Services/Grant:		Show services relating to 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.

Custom tradeshow booth 10x40 set up and installation to include show services, shipping, electrical, plumbing, rental of refrigeration units and labor for tradeshow booths at SIAL America tradeshow.

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

Custom rental of booth at multi-year/multi-show discount rate. Vendor was selected following multiple previous failed RFP processes and booth has been used by us previously. [Click or tap here to enter text.](#)

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

Rental of custom tradeshow booth that DACF has also contracted and used at other shows. This is part of a multi-show pricing agreement. Show services to be billed are offered only by the tradeshow and convention center and therefore are not negotiable. [Click or tap here to enter text.](#)

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

Services may go back out for competitive bid following the multi-year/multi-show discount period if necessary.

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
20AF3A2826B4AA...

Typed Name:

Amanda E. Beal

Commissioner

Date:

2/13/2023

Signature of DAFS
Procurement Official:

DocuSigned by:
Justin Franzose
AEE9C7B3A8044E...

Typed Name:

Justin Franzose

Date:

2/22/2023