



### 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:                     |                      | 18L DAFS/BABLO  |                               |
| Department Contract Administrator or Grant Coordinator: |                      | Michael Boardman  |                               |
| (If applicable) Department Reference #:                 |                      |   |                               |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 15,000            | Advantage CT / RQS #:   | RQS 18L<br>20240202*1120      |
| <b>CONTRACT</b>   | Proposed Start Date: | 1/1/2022  | Proposed End Date: 12/31/2022 |
| <b>AMENDMENT</b>  | Original Start Date: |   | Effective Date:               |
|   | Previous End Date:   |   | New End Date:                 |
| <b>GRANT</b>  | Project Start Date:  |   | Grant Start Date:             |
|   | Project End Date:    |   | Grant End Date:               |
| Vendor/Provider/Grantee Name, City, State:              |                      | Applegreen ME Welcome Centres LLC, Glen Rock, NJ                        |                               |
| Brief Description of Goods/Services/Grant:              |                      | Charges for placement of lottery machines at ME Turnpike Service Plazas |                               |

| 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.       | Applegreen holds the contract to manage the Maine Turnpike service plazas. This agreement provides for payment of the annual cost to place Maine State Lottery vending machines in the service plazas |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. | Applegreen is the contractor and payee for rental space for Lottery vending machines located at Maine Turnpike service plazas.  |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.                       | The \$15,000 annual fee is industry standard and is the same fee paid to the previous property management organization.   |
| 4. Describe the plan for future competition for the goods or services.   | N/A   |

| PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)        |  |
|---|--|
| Does this request utilize ARPA/MJRP funds?  |  |
| <input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s). |  |
| <input checked="" type="checkbox"/> 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:   | Michael Boardman  |
| Date:   | 2/2/2024  |
| Signature of DAFS Procurement Official:                             | DocuSigned by:<br><br>2D5B6E39F57E44A... |
| Typed Name:   | William J.E. Allen  |
| Date:   | 2/8/2024  |