



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 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:		Corrections/MVCF Food Service	
Department Contract Administrator or Grant Coordinator:		Mark McBrine	
(If applicable) Department Reference #:		NA	
Amount: (Contract/Amendment/Grant)	5309.40	Advantage CT / RQS #:	20250225*1199
CONTRACT	Proposed Start Date:	2/1/2025	Proposed End Date: 2/28/2025
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:		Davis Family Egg Farms, Newport, ME	
Brief Description of Goods/Services/Grant:		Eggs, potatoes	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input checked="" type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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 facility places weekly food orders with Sysco, who has a Master Agreement with the State of Maine for food services, to meet residential nutritional requirements for the following week. Sysco was unable to fulfill this week's order so alternative resources are needed to supply the items that Sysco was unable to provide.

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

The facility reached out to all known vendors who could potentially address this crucial need by both providing the missing food items from the Sysco order and delivering them in a timely manner. MSP chose the vendor with the lowest cost who met these requirements.

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

The selected vendor provided the items below the current MA rates, which the Department finds to be fair and reasonable.

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

The facility will continue to utilize the current food service MA and only seek alternative resources when necessary, such as items being unavailable from the current vendor.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

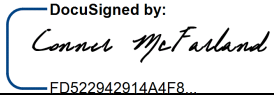
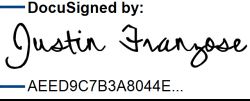
- Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
- Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
- No – If No, proceed to Part V.

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):	 DocuSigned by: <i>Conner McFarland</i> FD522942914A4F8...		
	Typed Name:	Conner McFarland	Date: 2/25/2025
Signature of DAFS Procurement Official:	 DocuSigned by: <i>Justin Franzose</i> AEED9C7B3A8044E...		
	Typed Name:	Justin Franzose	Date: 2/26/2025