



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:		Department of Economic and Community Development	
Department Contract Administrator or Grant Coordinator:		Jeanne St. Pierre	
(If applicable) Department Reference #:			
Agency Department Code:	19A	Advantage CT / RQS #:	CT19A20251217*1430
Amount: (Contract/Amendment/Grant)		\$100,000	
CONTRACT	Proposed/Original Start Date:	2/15/2026	Proposed/Most Recent End Date: 12/31/2026
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:		Maine Development Foundation Hallowell, ME 04347	
Brief Description of Goods/Services/Grant:		Matching funds to assist with Hubs of Excellence to support the goals of the Statewide Economic Development Strategic Plan	
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.

Maine Development Foundation (MDF), in collaboration with the Department of Economic and Community Development (DECD), was awarded \$500,000.00 from the Northern Borders Regional Commission (NBRC) to launch a pilot program supporting economic revitalization in communities impacted by mill closures. This program aligns with Maine's Hubs of Excellence in the State's 10-year Statewide Strategic Plan.

The collaboration between DECD and MDF has created an opportunity to provide more funds for a project that will provide technical assistance, community assessments and direct investments to four of Maine's rural towns impacted by mill closures, helping them diversify their economies and improve employment opportunities.

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.

MDF is the only vendor that has been approved by DECD to do the work relating to the Statewide Economic Development Strategy relating to the Hubs of Excellence. MDF is a non-Partisan statewide driver of economic growth in Maine working with all communities, municipalities and downtowns to help them develop to their greatest potential. MDF was awarded funding from NBRC through a competitive award process. Accessing these matching funds will allow MDF to have a greater impact on Maine's 10-year Statewide Strategic Plan.

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

The collaboration between MDF and DECD created an opportunity to apply for and receive NBRC funding that will provide an additional \$500,000 for this specific project as it relates to 10-Year Strategic Plan. A Financial Order was signed on August 25, 2025 by the Governor detailing the use of the funds identified for the implementation of the 10-Year Plan. The financial order allocated monies to MDF to perform the economic development strategy work. The \$100,000 identified will access \$500,000 in NBRC funding and maximize the efforts of the Hubs of Excellence strategy. There is no other entity able to do this work for the funding being provided. Without these matching funds, this collaboration will not exist and MDF will not be able to perform the work.

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

No future funding will be necessary for this one-time funding opportunity.

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) or (026) – 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

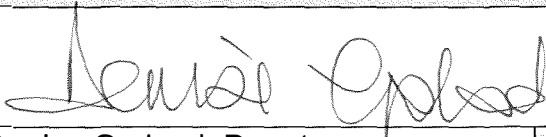
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department'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

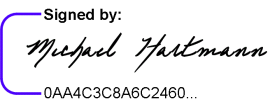
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Denise Garland, Deputy Commissioner	Date:	2-10-26

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:	Signed by:  <small>0AA4C3C8A6C2460...</small>		
Typed Name:	Michael Hartmann	Date:	2/18/2026