



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:		DACF/ Parks and Lands/ Submerged Lands	
Department Contract Administrator or Grant Coordinator:		John E. Noll	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 40,000.00	Advantage CT / RQS #:	CT 20220315*2107
CONTRACT	Proposed Start Date:	3/3/2022	Proposed End Date: 12/31/2022
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:		Maine Island Trail Association	
Brief Description of Goods/Services/Grant:		Coastal Island Land Management – Casco Bay Island Caretaker	

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 checked="" 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.

The Bureau is responsible for the management of approximately 1,300 state owned islands. Many of these islands are heavily used for public recreation. The Bureau does not have the staff to manage public use of these islands. This grant continues a long-standing agreement by MITA to manage some of the most popular recreational islands around Casco Bay.

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

The task of monitoring and managing Maine's islands requires a well-established, highly motivated, largely volunteer labor force. MITA has the organization and the existing network of volunteers and contacts with boaters. No other organization could provide this service for this cost.

MITA is already managing several islands in the same vicinity with assistance from local volunteers and they are already familiar with the state-owned islands. MITA has the organization and the existing network of volunteers and contacts with boaters. MITA is the only organization that does what they do.

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

It would cost significantly more to have any other agency perform the island management. MITA is already managing several islands in the same vicinity with assistance from local volunteers and they are already familiar with the state-owned islands.

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

None anticipated because MITA is unique in their role as stewards of Maine's islands.

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: <i>Amanda E. Beal</i> <small>20AF3A2882BB4AA...</small>		
Typed Name:		Date:	3/24/2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>Debbie Jacques</i> <small>1DFA565D481F42E...</small>		
Typed Name:	Debbie Jacques	Date:	3/25/2022