



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.


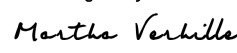
PART I: OVERVIEW			
Department Office/Division/Program:	Economic and Community Development		
Department Contract Administrator or Grant Coordinator:	Steve Lyons		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 150,000.00	Advantage CT / RQS #:	20220610000000003319
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2022	Effective Date:
	Previous End Date:	6/30/2023	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Marshall Communications, Inc. Augusta, ME		
Brief Description of Goods/Services/Grant:	Planning and implementation of Adventure Travel Trade Association Elevate Conference		

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 checked="" 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 Agency shall assist with planning and implementation of the Adventure Travel Trade Association (ATTA) annual Elevate Conference beginning on or about May 6, through May 11, 2023. This event is expected to attract 250-300 participants including adventure travel journalists, adventure travel providers and other businesses. This is a special project that will showcase outdoor adventure and travel opportunities in Maine to a global audience. This includes costs for meals, lodging, transportation, activities and other expenses incurred in hosting the media portion of this event plus a conference reception.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	As the current agency that manages outreach to media and assists with travel trade marketing, this vendor has extensive experience in planning and implementing familiarization trips such as this.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The costs for agency services were deemed fair and reasonable by the Consensus Evaluation Team that reviewed all of the proposals submitted pursuant to RFP# 201804078 – Public & Media Relations Services. The cost proposal section was scored using a mathematical formula. Out of pocket costs are anticipated expenses based upon current costs of services being provided. The vendor has extensive experience in coordinating similar trips and works with the service providers to negotiate the best rates.
4. Describe the plan for future competition for the goods or services.	The Department will let an RFP for agency services as required by the procurement division.

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:	Heather Johnson, Commissioner or Denise Garland, Deputy Commissioner	Date:	3/6/2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>891CE7A7493D45B...</small> Martha Verhille	Date:	3/17/2023

