



## 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:	Department of Economic and Community Development/Maine Made		
Department Contract Administrator or Grant Coordinator:	Tammy Knight		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 7,500	Advantage CT / RQS #:	20230308*2289
<b>CONTRACT</b>	Proposed Start Date:	<b>2/1/2023</b>	Proposed End Date: 6/30/2023
<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:	Giraffe Events, 35 Storer Street, Saco, Maine		
Brief Description of Goods/Services/Grant:	Event organization, logistics, and planning for the New England Made Giftware & Specialty Food Show		

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.

Giraffe has been running the New England Products Trade show for over 20 years. DECD previously handled this internally, but the show grew and became much more expensive. Giraffe now runs the show and seeks other sponsors to also underwrite the cost of the show. DECD could not afford to do this anymore without Giraffe.

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

Giraffe's expertise and level of dedicated staff have demonstrated year after year their qualifications for hosting and carrying out a successful show to benefit Maine makers and to assist Maine buyers in finding quality products.

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

Funding for this sponsorship is less than previous years based on a number of changes that have been made since COVID which do not require DECD/Maine Made involvement.

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

The state is not in a position to foster competition on this project/ sponsorship.

**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): 

Typed Name: Denise Garland Date: 3/7/2023

Signature of DAFS Procurement Official: 

Typed Name: Kathy Paquette Date: 3/16/2023