



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:		Maine Judicial Branch Facilities	
Department Contract Administrator or Grant Coordinator:		Connor Smith	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 5,967.00	Advantage CT / RQS #:	20240301*1245
CONTRACT	Proposed Start Date:	11/8/2023	Proposed End Date: 2/16/2024
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:		Hilton Garden Inn Portland Waterfront, Portland ME .	
Brief Description of Goods/Services/Grant:		Interim CFO residence when working on site at AOC	

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.

The interim CFO Patricia Gabel brought on under CT 40A 20231024*1211 stayed at the Hilton Garden Inn when she needed to be on site at the Portland AOC for work. These periods lasted from Nov. 8th through February 16th.

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

Hilton Inn was deemed an acceptable accommodation at an acceptable rate for the interim CFO.

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

Costs were within Market Rate.

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

Outside counsel/external experts are rarely hired. A fully staffed MJB makes the need for similar services unlikely in the near future.

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

DocuSigned by:
Connor Smith
755E066E9C634D0

3/6/2024

Typed Name:

Connor Smith

Date:

Signature of DAFS
Procurement Official:

DocuSigned by:
Michelle Fournier
2939B60E4826405

Typed Name:

Michelle Fournier

Date:

3/7/2024