



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:	DAFS Property Tax Division		
Department Contract Administrator or Grant Coordinator:	Bonnie A Baker		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 38,000	Advantage CT / RQS #:	CT 18F 20240229*2370
CONTRACT	Proposed Start Date:	7/29/2024	Proposed End Date: 8/2/2024
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:	Sodexo, Inc & Affiliates PO Box 360170, Pittsburgh PA 15251-6170		
Brief Description of Goods/Services/Grant:	Venue & catering services		

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.

This is to provide venue & catering services for the Property Tax Division of Maine Revenue Services to hold the annual 2024 Maine Property Tax School from July 29 to August 2 at the University of Maine at Augusta.

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

Best value due to cost savings. We originally requested mini-bids from the Augusta Civic Center and the Senator Inn (both on the PQVL). The Senator Inn could not accommodate an event of our size, and the Civic Center submitted a quote of \$55,554.50. We sent letters of non-award, and then reached out to a 3rd venue not on the PQVL (UMaine Augusta/Sodexo) who came in more than \$10,000 lower.

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

UMaine Augusta/Sodexo is more than \$12,000 less than the mini-bid obtained from the Augusta Civic Center.

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

We have reached out to multiple potential venues and encouraged them to apply to be included on the PQVL in hopes to have more venues to choose from for future events.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?


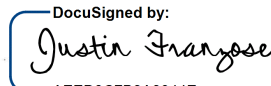
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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):			
Typed Name:	Jenny Boyden Associate Commissioner	Date:	3-4-24
Signature of DAFS Procurement Official:			
Typed Name:	Justin Franzose	Date:	3/12/2024