



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE 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 Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		Department of Corrections		
Department Contract Administrator or Grant Coordinator:		Conner McFarland		
(If applicable) Department Reference #:		Click or tap here to enter text.		
Amount: (Contract/Amendment/Grant)	\$5,321,936	Advantage CT / RQS #:	03A 20181012*1329	
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	2/1/2019	Effective Date:	7/1/2025
	Previous End Date:	6/30/2025	New End Date:	6/30/2027
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Keefe Commissary Network Edison, NJ		
Brief Description of Goods/Services/Grant:		Resident Commissary Services – Department wide		

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 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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>	<p>The provider agrees to provide canteen/commissary and property products and services to the residents incarcerated in Maine Department of Corrections (MDOC) facilities on a weekly basis via a secured delivery system (pre-bag). The primary objectives of the contract (and subsequent renewals) are outlined as follows:</p> <ul style="list-style-type: none"> <li>a. Goods delivered will include, at a minimum: personal hygiene goods, soft drinks, food and snack items, clothing, footwear, over the counter medications, religious and other specialty items such as personal radios and televisions and will be delivered to MDOC facilities on a weekly basis.</li> <li>b. Due to security concerns, no Department staff or prisoner/resident labor will be utilized in the provision of these services.</li> <li>c. The Department reserves the right to add or eliminate any facilities or services to the resultant contract at any time during the contract duration.</li> <li>d. Orders must have the capability of being submitted electronically via kiosk technology and also manually as needed and determined by the Department.</li> <li>e. Orders must remain completely secure from the Provider's warehouse to the individual prisoner/resident for whom the order is intended.</li> </ul>
<b>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</b>	<p>The delivery of these services will be consistent with the specifications and scope of RFP #201804064. The last of three (3) 1-year renewals allotted under the RFP is set to expire on 6/30/2025 but the Department is requesting a final 2-year extension before commissary services are phased out. The Department is currently developing a Department-wide inhouse Annex program to provide food and property sales for DOC residents, thereby replacing the need for privatized commissary services.</p>
<b>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</b>	<p>This is a no-cost initiative to MDOC, all costs are funded by participating MDOC residents through canteen sales. The cost referenced is an estimate based on canteen sales (all facilities combined) for a prior 24-month period.</p>
<b>4. Describe the plan for future competition for the goods or services.</b>	<p>As stated above, the Department is requesting a final 2-year extension before commissary services are phased out. The Department is currently developing a Department-wide Annex program which will meet our need for food and property sales to DOC residents, thereby replacing the need for commissary services. If plans change a new RFP will be issued to contract commissary services.</p>

**PART III: SUPPLEMENTAL INFORMATION**

**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: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Scott Goulette, Financial Analyst	Date:	2/28/2025
Signature of DAFS Procurement Official:			
Typed Name:	David Morris	Date:	3/20/2025

NOI 0320250237 03/21/2025 - 03/27/2025