



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 \$10,000 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: | | Corrections/MSP | | |
| Department Contract Administrator or Grant Coordinator: | | Jeffrey Space | | |
| (If applicable) Department Reference #: | | PR-20280 | | |
| Agency Department Code: | 03B | Advantage CT / RQS #: | 20260129*1218 | |
| Amount: (Contract/Amendment/Grant) | | \$10,362.00 | | |
| CONTRACT | Proposed/Original Start Date: | 1/27/2026 | Proposed/Most Recent End Date: | 3/27/2026 |
| AMENDMENT | New Effective Date: | | New End Date (if Applicable): | |
| GRANT | Project Start Date: | | Grant Start Date: | |
| | Project End Date: | | Grant End Date: | |
| Vendor/Provider/Grantee Name, City, State: | | Design Specialties Noth Haven, CT | | |
| Brief Description of Goods/Services/Grant: | | Replacement lids and trays for meal service. | | |

| 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. Higher Education 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. | <p>Purchase supports replacement lids and trays which are damaged and no longer food safe. Lids and trays that are blistered or cracked harbor bacteria and pose a risk for foodborne illness. Purchase of these replacements supports both the Maine State Prison and the Bolduc Correctional Facility. MSP=\$8562.00 and BCF=\$1800.00 from this purchase.</p> |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable. | <p>Our trays and lids for meal service are exclusive to Design Specialties. There are no compatible products available for purchase that fit this proprietary product.</p> |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | <p>The selected vendor provided the items at current market rates, which the Department finds to be fair and reasonable.</p> |
| 4. Describe the plan for future competition for the goods or services. | <p>The department is planning to purchase trays and lids that are competitively sourced. A Master Agreement will be created based on quotes from competing vendors. Procurement is currently preparing this to go out to bid. Please reference RQS 03A 20250922*0513.</p> |

| PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP) | |
|---|--|
| Does this request utilize ARPA/MJRP funds? | |
| <input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s). | |
| <input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies. | |
| <input checked="" type="checkbox"/> No – If No, proceed to Part V. | |

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

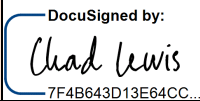
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

| | | | |
|--|---|-------|-----------|
| Signature of requesting Department's Commissioner (or designee): |  | | |
| Typed Name: | Chad Lewis | Date: | 1/29/2026 |
| 2. Additional signature required ONLY if box E (Emergency) is selected in PART II . The signature below indicates approval by the Department's Commissioner, or the <u>designee specifically authorized to approve emergency procurement requests</u> . | | | |
| Signature of requesting Department's Commissioner (or designee): | | | |
| Typed Name: | | Date: | |

****OSPS Section Only****

| | | | |
|---|---|-------|-----------|
| Signature of DAFS Procurement Official: |  | | |
| Typed Name: | Michael Hartmann | Date: | 3/18/2026 |