



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:		Corrections/Maine State Prison	
Department Contract Administrator or Grant Coordinator:		Jeffrey Space	
(If applicable) Department Reference #:		NA	
Amount: (Contract/Amendment/Grant)	\$8,254.85	Advantage CT / RQS #:	03A 20250327*1386
CONTRACT	Proposed Start Date:	3/13/2025	Proposed End Date: 5/13/2025
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:		Prime Source Londonderry, NH 03053	
Brief Description of Goods/Services/Grant:		Frozen veg, chicken, beef, pork and sausage	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input checked="" type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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 facility places weekly food orders in alignment with the facility’s Master Menu. The Master Agreement for food products for Sysco allows for the State to procure food items from other vendors if the food can be purchased for 20% or more cost savings.

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

The facility reached out to all known vendors who could potentially address this crucial need by both providing the food items required and the delivery timeline. The facility chose the vendor with the lowest cost who met these requirements.

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

The selected vendor provided the items below the current MA rates, which the Department finds to be fair and reasonable.

Sysco: \$11181.81
 PFG: \$13426.57
 Prime Source: \$8254.85

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

The facility will continue to utilize the current food service MA and only seek alternative resources when necessary in alignment with state procurement rules and the Master Agreement terms.

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.

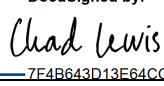
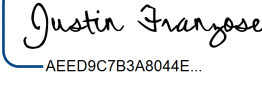
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):	DocuSigned by:  <small>7F4B643D13E64CC...</small>		
Typed Name:	Chad Lewis	Date:	3/28/2025
Signature of DAFS Procurement Official:	DocuSigned by:  <small>AEED9C7B3A8044E...</small>		
Typed Name:	Justin Franzose	Date:	4/9/2025