



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-21688		
Agency Department Code:	03B	Advantage CT / RQS #:	20260324*1500	
Amount: (Contract/Amendment/Grant)		\$9480.00		
CONTRACT	Proposed/Original Start Date:	3/11/2026	Proposed/Most Recent End Date:	5/11/2026
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 06473		
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.	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. The purchase could not wait until the Master Agreement went into effect on 4/1/26.
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.	Replacement trays and lids were purchased through Design Specialties which won the bid for the State Master Agreement, ADVANTAGE CONTRACT #: 18P 2602260000000000090. The Master agreement does not take effect until 4/1/26.
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 at the same rate as the negotiated Master Agreement which will take effect on 4/1/26.
4. Describe the plan for future competition for the goods or services.	After this purchase is complete, all future purchases will fall under the Master Agreement.

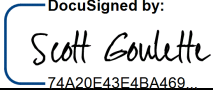
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be 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	
<i>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.</i>	
<input checked="" type="checkbox"/> 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

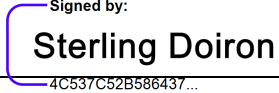
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Scott Goulette	Date:	3/24/2026

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 designee specifically authorized to approve emergency procurement requests.

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

****OSPS Section Only****

Signature of DAFS Procurement Official:			
Typed Name:	Sterling Doiron	Date:	4/17/2026

Certificate Of Completion

Envelope Id: D7E1BD23-A58B-41E9-AE67-6D8BC700B648

Status: Completed

Subject: Complete with Docusign: PJF Design Specialties Inv#57111 PR-21688 RQS 03B 20260324-1500.docx.pdf

Source Envelope:

Document Pages: 3

Signatures: 1

Envelope Originator:

Certificate Pages: 1

Initials: 0

Sterling Doiron

AutoNav: Disabled

77 State House Station

Envelopeld Stamping: Disabled

111 Sewall Street

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Augusta, ME 04333

Sterling.Doiron@maine.gov

IP Address: 71.169.188.88

Record Tracking

Status: Original

Holder: Sterling Doiron

Location: DocuSign

4/17/2026 9:19:26 AM

Sterling.Doiron@maine.gov

Signer Events

Sterling Doiron

Sterling.Doiron@maine.gov

Sterling Doiron

Security Level: Email, Account Authentication (None)

Signature

Signed by:

 Sterling Doiron
 4C537C52B586437...

Signature Adoption: Pre-selected Style

Using IP Address: 71.169.188.88

Timestamp

Sent: 4/17/2026 9:19:33 AM

Viewed: 4/17/2026 9:19:37 AM

Signed: 4/17/2026 9:21:26 AM

Freeform Signing

Electronic Record and Signature Disclosure:

Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

4/17/2026 9:19:33 AM

Certified Delivered

Security Checked

4/17/2026 9:19:37 AM

Signing Complete

Security Checked

4/17/2026 9:21:26 AM

Completed

Security Checked

4/17/2026 9:21:26 AM

Payment Events

Status

Timestamps