



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:		DACF/BPL/MCC	
Department Contract Administrator or Grant Coordinator:		Christy Owen	
(If applicable) Department Reference #:			
Agency Department Code:	01A	Advantage CT / RQS #:	2026031000000001890
Amount: (Contract/Amendment/Grant)	\$13,698.00		
CONTRACT	Proposed/Original Start Date:	5/1/2026	Proposed/Most Recent End Date: 10/31/2026
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:		TANGLEWOOD 4-H CAMP Lincolville, ME 04849	
Brief Description of Goods/Services/Grant:		Provide housing and training accommodations for the agreed-upon dates.	

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.	The majority of Maine Conservation Corps members are from out of state, traveling to and living in Maine to complete their term of service. MCC aims to provide weather-appropriate housing accommodations during training, orientation, and other required events.
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.	Tanglewood is the only location available during the specific date range for the number of members needing to be housed. Additional facilities MCC has explored for this specific date range for a similar purpose include: <ul style="list-style-type: none"> 1) Camp Mechuwana 2) YMCA 3) Camp Cobbossee 4) Camp Kippewa None of these facilities has the required amount of space available. MCC utilizes these facilities when they are available and seasonally appropriate.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Maine Conservation Corps consistently struggles to find appropriate housing opportunities that align with our needs. Tanglewood has agreed to a very cost competitive rate, of \$9 per person, per night and \$15 per person, per day for meals. Maine Conservation Corps will track our participant program usage in Tanglewood facilities. We will send an overnight report to Tanglewood, they will then send us an invoice.
4. Describe the plan for future competition for the goods or services.	Maine Conservation Corps will continue to explore housing opportunities and options on an annual basis.

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.	

No – If No, proceed to Part V.

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

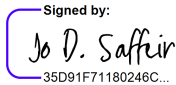
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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

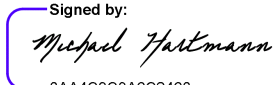
1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	 <p>Signed by: Jo D. Saffair 35D91F71180246C...</p>		
Typed Name:	Jo D. Saffair, Deputy Commissioner	Date:	4/24/2026

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:	 <p>Signed by: Michael Hartmann 0AA4C3C8A6C2460...</p>		
Typed Name:	Michael Hartmann	Date:	4/24/2026