



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Agriculture/ARD	
Department Contract Administrator or Grant Coordinator:		Missy Jordan	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 13,600.00	Advantage CT / RQS #:	RQS 01A 2023*1262
CONTRACT	Proposed Start Date:	5/19/2023	Proposed End Date: 9/20/2023
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:		VC0000249044, Summit Exhibits, Orlando, FL	
Brief Description of Goods/Services/Grant:		Space rental fees for tradeshow.	

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. 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.

Rental fee for square footage space to take part in SIAL America tradeshow. DACF will host Maine food producers to expand markets for their products nationally and internationally.

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

Rental of show space available only through this vendor as show host. RFP may be used for future opportunities if options are available.

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

Space fees are in keeping with comparable opportunities and are set for all show exhibitors.

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

May go to bid in the future if multiple providers are available at that time.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

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

Randy Charette

Typed Name:

Randy Charette

Date:

4/19/2023

Signature of DAFS
Procurement Official:

DocuSigned by:
Justin Franzose

Typed Name:

AEEED9C7B3A8044E
Justin Franzose

Date:

5/11/2023