



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:		Department of Public Safety, Bureau of Highway Safety		
Department Contract Administrator or Grant Coordinator:		Kristen Morin		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$ 13,321.60	Advantage CT / RQS #:	CT 16A 20250314*2104
CONTRACT	Proposed Start Date:	9/20/2025	Proposed End Date:	9/23/2025
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:		Cross Insurance Center 515 Main Street Bangor, Maine 04401		
Brief Description of Goods/Services/Grant:		Location for Child Passenger Safety Summit		

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.

In FFY25, MeBHS will host a CPS Conference for technicians and instructors. The CPS Conference will be a two-day event held at the Cross Insurance Center in Bangor, Maine. This conference will host national CPS speakers, provide CEU credits, seat signoffs for technicians and more. It will be an excellent opportunity for technicians to receive all their recertification requirements in just two days. This would also help the State of Maine CPS technician retention rate as well as provide an opportunity for technicians to build relationships with one another and allow for collaborations in the future (car seat check events, etc.). Vendor will provide the location to host the Child Passenger Safety Summit on September 21 and 22, 2025.

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

RFP# 202412214 was put out for bid in January 2025. No bids were received. MeBHS moved to single-sourced vendor. This vendor was selected due to availability, size of venue and room(s)/space available as well as proximity to International Airport and lodging for attendees.

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

Project was identified and approved for federal grant funding by NHTSA for FFY2025. Cost was negotiated with vendor and meets per diem rates based on GSA per diems and is fair and reasonable for the requested services.

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

If this service is needed again, the Department will comply with all competitive bidding procurement rules, policies and procedures.

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):			
Typed Name:	Michael J. Sauschuck	Date:	May 13, 2025
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>7008790FB36A449...</small>		
Typed Name:	Michael McNeil	Date:	5/15/2025

NOI 0520250425 5/15-5/21






Cross Insurance Center Procurement Justification Form (PJF)

Final Audit Report

2025-05-13

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"Cross Insurance Center Procurement Justification Form (PJF)" History

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