



## 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:	18L DAFS/BABLO		
Department Contract Administrator or Grant Coordinator:	Michael Boardman		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 29,023.75	Advantage CT / RQS #:	RQS 18L 20250523*1782
<b>CONTRACT</b>	Proposed Start Date:	<b>5/23/2025</b>	Proposed End Date: 10/13/2025
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	C-M GLO, LLC, Watertown, WI		
Brief Description of Goods/Services/Grant:	Lottery point-of-sale equipment – Draw Game Play Stations		

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 checked="" 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 Maine Lottery is responsible for generating revenue for the state of Maine through the sale of lottery tickets. The Lottery offers a variety of game types and play styles and provides display units to enhance point-of-sale operations.

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

C-M GLO, LLC is the sole vendor of this type of Lottery point-of-sale equipment. These display and play center units are partnered with and will replace Lottery marketing units previously purchased from this vendor.

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

The Maine Lottery purchases point-of-sale equipment from multiple vendors, including this vendor. The cost of this equipment aligns with industry costs. Product orders are funded through the sale of lottery tickets.

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

Sole Source. C-M GLO, LLC is the sole vendor for this type of lottery point-of-sale equipment.

**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):			
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Typed Name:	Michael Boardman	Date:	5/23/2025
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Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 2px;"> <small>DocuSigned by:</small>    <small>7B0189231C9846A...</small> </div>		
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Typed Name:	Joan Bolduc	Date:	5/27/2025
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