



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:		Department of Corrections, Maine State Prison	
Department Contract Administrator or Grant Coordinator:		Jeff Space	
(If applicable) Department Reference #:			
Agency Department Code:	03B	Advantage CT / RQS #:	20260514000000001737
Amount: (Contract/Amendment/Grant)	\$7,521.93		
CONTRACT	Proposed/Original Start Date:	4/1/2026	Proposed/Most Recent End Date: 4/30/2026
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:		Hobart Service ITW Food Equipment Group Carol Stream, IL	
Brief Description of Goods/Services/Grant:		MSP's Kitchen Globe Mixer Repair	

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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	
Maine State Prison has an 80-quart Globe Mixer that is vital in food production. The Prison produces three meals a day for 1000 people. This mixer is an integral part of the food preparation process and the mixer not being able to be used impacts food service at the facility.	
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.	
The department attempted to set up a contract for the repairs of kitchen equipment through RFP process; this did not result in award. This vendor was able to diagnose in a timely manner. This purchase will put the department's total spending limit over the \$10000 threshold for these services.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
Costs are based on current market pricing.	
4. Describe the plan for future competition for the goods or services.	
DOC will continue to follow procurement rules, as required.	

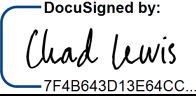
<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</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

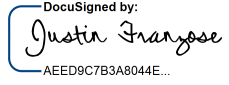
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Chad Lewis	Date:	5/14/2026

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:	Justin Franzose	Date:	5/14/2026

### Certificate Of Completion

Envelope Id: B96B894B-A45E-8F6F-80BA-66EC5351EFD6  
 Subject: Complete with Docusign: PJF Hobart Service.docx  
 Source Envelope:  
 Document Pages: 3  
 Certificate Pages: 2  
 AutoNav: Enabled  
 Envelopeld Stamping: Enabled  
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed  
 Envelope Originator:  
 Chad Lewis  
 chad.lewis@maine.gov  
 IP Address: 70.109.160.171

### Record Tracking

Status: Original  
 5/14/2026 12:22:49 PM  
 Security Appliance Status: Connected

Holder: Chad Lewis  
 chad.lewis@maine.gov  
 Pool: StateLocal

Location: DocuSign

### Signer Events

Chad Lewis  
 chad.lewis@maine.gov  
 Director - Special Projects  
 Maine Department of Corrections  
 Security Level: Email, Account Authentication  
 (None)

### Signature

DocuSigned by:  
  
 7F4B643D13E64CC...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 70.109.160.171

### Timestamp

Sent: 5/14/2026 12:23:28 PM  
 Viewed: 5/14/2026 12:23:34 PM  
 Signed: 5/14/2026 12:23:41 PM

**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

Marci Blakely  
 Marci.L.Blakely@maine.gov  
 Facility Manager  
 Security Level: Email, Account Authentication  
 (None)

**COPIED**

Sent: 5/14/2026 12:23:28 PM

**Electronic Record and Signature Disclosure:**  
 Not Offered via Docusign

Melissa Gallace  
 Melissa.J.Gallace@maine.gov  
 Security Level: Email, Account Authentication  
 (None)

**COPIED**

Sent: 5/14/2026 12:23:28 PM  
 Viewed: 5/14/2026 12:41:48 PM

**Electronic Record and Signature Disclosure:**  
 Not Offered via Docusign

### Witness Events

### Signature

### Timestamp

### Notary Events

### Signature

### Timestamp

### Envelope Summary Events

### Status

### Timestamps

<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	5/14/2026 12:23:28 PM
Certified Delivered	Security Checked	5/14/2026 12:23:34 PM
Signing Complete	Security Checked	5/14/2026 12:23:41 PM
Completed	Security Checked	5/14/2026 12:23:41 PM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
-----------------------	---------------	-------------------