



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:		Marine Resources/Bureau of Sea Run Fisheries		
Department Contract Administrator or Grant Coordinator:		HQ-Finance/Sean Ledwin		
(If applicable) Department Reference #:		NA		
Agency Department Code:	13A	Advantage CT / RQS #:	20240910000000000523	
Amount: (Contract/Amendment/Grant)	\$ 562,035.35			
CONTRACT	Proposed/Original Start Date:	10/30/2024	Proposed/Most Recent End Date:	12/29/2026
AMENDMENT	New Effective Date:	5/8/2026	New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Project SHARE, Cherryfield, ME		
Brief Description of Goods/Services/Grant:		Project administration for complex restoration projects		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☒	G. Grant
☒	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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.

Additional funds through CT amendment will allow the original scope of this CT to be fulfilled. The restoration project at Meddybemps has incurred additional archaeological and contaminants survey needs as the project develops, and the bids on construction were 50% higher than anticipated.

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.

A portion of amended funds are MJRP funds through Business Case V.76.1 which specifies that DMR will contract funds with current partners. We have received Procurement approval for the MJRP portion of the amendment. The remainder is grant funding that Project SHARE assisted DMR in securing for the scope of this contract.

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

Business Case V.76.1 specifies that DMR will work with NGO partners including Project SHARE. Original PJF includes additional justification for working with this partner.

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

This project will be complete after this CT.

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) 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):*Carl Wilson*[Carl Wilson \(May 26, 2026 11:58:14 EDT\)](#)

Typed Name:

Carl Wilson, Commissioner

Date:

05/26/2026

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:

Signed by:

Michelle Knox

Typed Name:

066BBD96EE5347F...

Michelle Knox

Date:

6/1/2026

Amendment 5-8-26 PJF CT 13A

20240910-0523

Final Audit Report

2026-05-26

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