



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:		DECD/Maine Office of Tourism			
Department Contract Administrator or Grant Coordinator:		Jennifer Geiger			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)		\$ 36,345	Advantage CT / RQS #:	CT19A 20220714000000000152	
CONTRACT	Proposed Start Date:	July 25, 2022	Proposed End Date:	June 30, 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:		Unicomm, PO Box 5010, 284-C Quarry Road, Milford, CT 06460			
Brief Description of Goods/Services/Grant:		Boston, Chicago, New York and Washington DC Travel Adventure Shows - booth fees			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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.

The Maine Office of Tourism participates in consumer travel shows to promote the state as a destination in key travel markets. Travel shows are an opportunity to reach a qualified audience and interact with them directly to share curated information and learn what inspires travelers to visit Maine. Participation in shows in Boston, Chicago, New York and Washington DC will be supported by other advertising outreach in these markets and is an element of MOT's integrated marketing plan

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

Unicomm is a specialized show production company that is the primary company serving four of the markets we are targeting. The Boston, Chicago, New York and Washington DC Travel Adventure Shows, serve a core market for Maine tourism. The shows are located close to transportation lines. Unicomm has a proven track record and is well positioned to provide the support services and the marketing services needed to attract attendees and ensure a positive outcome.

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

Unicomm is competitive with other shows of similar size and is giving Maine an early signing discount rate.

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

MOT will continue to review the benefits delivered by show participation and opportunities to reach the desired markets.

PART IV: VENDOR STATUS

1. Is the vendor currently working? Yes No

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

1. Does this request utilize ARPA/MJRP Funds?

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

No – If No, proceed to Part VI

PART VI: APPROVALS

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

By signing below, I signify that I approve of this procurement request.

Denise Garland

Printed Name:

Denise Garland

Date:

7-14-22

Signature of DAFS Procurement Official:

DocuSigned by:
Martha Verhille

Printed Name:

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Martha Verhille

Date:

7/19/2022