



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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:		Education – Office of Special Services and Inclusive Education	
Department Contract Administrator or Grant Coordinator:		Stacey Bean	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 8,783.00	Advantage CT / RQS #:	RQS 20230627*1617
CONTRACT	Proposed Start Date:	6/20/2023	Proposed End Date: 6/23/2023
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:		Bar Harbor Regency Hotel 123 Eden Street Bar Harbor, ME 04609	
Brief Description of Goods/Services/Grant:		MADSEC 2023 Directors Conference – Hotel Room fees	

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.

The hotel reservations were needed to accommodate the training that was over a 3-day period.

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

This hotel was selected as it was the overflow hotel designated by the event managers. It was reasonably close to the event, reasonable rates for the area and time of year, and had safe and clean conditions.

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

The rate was provided the event for the overflow. The Department looked at other hotels in the area and it was a reasonable cost. As the rate is above the applicable per diem rate, the Department consulted the Controller's Office for a waiver.

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

The next time the Department needs hotel rooms the department will review the state policies and procedures and determine best and most appropriate course.

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


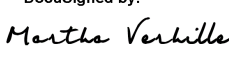
Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  BDC32204012424...		
Typed Name:	Jessica Nixon	Date:	7/24/2023
Signature of DAFS Procurement Official:	DocuSigned by:  891CE7A1493D45B...		
Typed Name:	Martha verhille	Date:	7/25/2023

Certificate Of Completion

Envelope Id: C43A20E7FCF14B0AABCFDAA9C83D96F5	Status: Completed
Subject: Please DocuSign This Document	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Jennifer Tarr
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	jennifer.l.tarr@maine.gov
	IP Address: 64.207.219.137

Record Tracking

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Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Maine Department of Education	Location: DocuSign

Signer Events

Jessica Nixon
 Jessica.Nixon@maine.gov
 Chief of Operations
 Maine Department of Education
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 BDCA32204012424...
 Signature Adoption: Pre-selected Style
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Timestamp

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 Signed: 7/24/2023 9:11:06 AM

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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
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/24/2023 9:07:05 AM
Certified Delivered	Security Checked	7/24/2023 9:10:13 AM
Signing Complete	Security Checked	7/24/2023 9:11:06 AM
Completed	Security Checked	7/24/2023 9:11:06 AM
Payment Events	Status	Timestamps