



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:		Agricultural Resource Development		
Department Contract Administrator or Grant Coordinator:		Brittany Peats		
(If applicable) Department Reference #:				
Agency Department Code:		Advantage CT / RQS # :	20240815*0341	
Amount: (Contract/Amendment/Grant)		\$25,000		
CONTRACT	Proposed/Original Start Date:	9/1/2024	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:	7/20/2025	New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Healthy Community of the Capital Area 11 Mechanic St Suite 101 Gardiner, Maine 04345		
Brief Description of Goods/Services/Grant:		Healthy Communities of the Capital Area's Maine Farm to Institution Network Coordinator will work closely with DACF's Local Foods Procurement Planning and Research Associate on a range of activities to increase farm to institution in the state, including a work group, site tours, and an event.		

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 checked="" 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.

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.	<p>Healthy Communities of the Capital Area's Maine Farm to Institution Network Coordinator will work closely with DACF's Local Foods Procurement Planning and Research Associate on a range of activities to increase farm to institution in the state. HCCA will facilitate the Institutional Buying and Selling Workgroup; the goal of the workgroup is to encourage more local food producers to connect with and sell to institutional buyers. The work group will tour site(s) of food producers, processors, aggregators, distributors, and buyers to strengthen understanding of the Maine institutional food supply chain. HCCA will also co-host an in person Connecting Buyers and Sellers event to bring together food producers and institutional buyers to strengthen relationships and increase local sales.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.	<p>Healthy Communities of the Capital Area has led the Maine Farm to Institution Network since 2015. It has brought farmers, producers, fishermen, schools, colleges, hospitals, and prisons together to share information and identify challenges and opportunities. They have also leveraged funds and hosted events to strengthen farm to institution. The goals of this network are to focus on farm to institution in Maine to help build a healthy and sustainable regional food system and align very closely with the state goal to support state funded institutions to purchase 20% local food by 2025. Healthy Communities of the Capital Area has expertise in farm to institution as well as an established network.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>\$20,000 is allocated for collaboration from DACF, will write, design, and print a Producer Wholesale Toolkit. \$5,000 is allocated to sponsor the Maine Farm to Institution Summit</p>
4. Describe the plan for future competition for the goods or services.	<p>Healthy Communities of the Capital Area is uniquely qualified to collaborate with DACF to expand farm to institution.</p>

#### 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 signature below indicates approval of this procurement request.

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

Signed by:  
  
8F3DD450C23241F...

Typed Name:

Randy Charette

Date:

7/21/2025

## PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

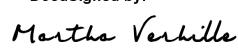
The signature below indicates approval by the Commissioner or designee of this procurement request.

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

Typed Name:

Date:

Signature of DAFS  
Procurement Official:

DocuSigned by:  
  
891CE7A1493D45B...

Typed Name:

Martha verhille

Date:

7/23/2025