



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:		Maine Department of Economic & Community Development/Maine Office of Tourism		
Department Contract Administrator or Grant Coordinator:		Micki Mullen, Marketing Manager		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 10,800.00	Advantage CT / RQS #: CT 19A	20220729000000000329	
CONTRACT	Proposed Start Date:	August 15, 2022	Proposed End Date:	July 31, 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:		Maine Campground Owners Association, Auburn, Maine.		
Brief Description of Goods/Services/Grant:		The Maine Office of Tourism works with its industry partners and organizations to expand its presence at trade shows. Provider will increase Maine's presence in primary markets, targeting visitors looking for a value-oriented vacation.		

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 is responsible for implementing an integrated marketing program to entice out-of-state visitors to come to Maine, and attendance at consumer travel shows is an important component of the program. Attending consumer travel shows requires considerable staff time and time out of the office. Working with a tourism partner who staffs the booth allows for a strong presence in the marketplace without cutting into MOT's staff time.

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

There are no other governmental agencies that have the staff and travel budgets, along with the tourism knowledge, to exhibit at these shows. The Maine Campground Owners Association is uniquely qualified/positioned to represent the State of Maine at these trade shows due to their familiarity and knowledge of camping locations and experiences in Maine.

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

The Maine Office of Tourism does several different trade shows per year, so staff is familiar with the costs of participating in tradeshow. They typically include booth rental space and services, staff time, lodging and meals.

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

Nothing at this time.

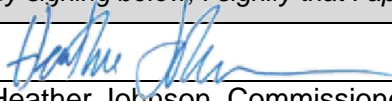
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part VI

PART V: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
Printed Name:	Heather Johnson, Commissioner or Denise Garland, Deputy Commissioner	Date:	07/29/2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	8/4/2022