



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.

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)	\$ 7,495.00	Advantage CT / RQS #:	RQS
CONTRACT	Proposed Start Date:	6/24/2024	Proposed End Date: 6/26/2024
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:		Witham Family Hotels: Atlantic Oceanside Hotel and Event Center 64 Birch Avenue Ellsworth, Maine 04605	
Brief Description of Goods/Services/Grant:		MADSEC 2024 Directors Academy – 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 checked="" 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 in June at the Maine Administrators of Services for Children with Disabilities (MADSEC) conference.

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 location of the conference and was provided a discounted rate, which was a reasonable rate for the area, 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 rooms are in the same location as the conference at a discounted conference rate.

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, 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.


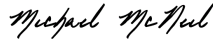
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Daniel A. Chuhta	Date:	7/17/2024
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	8/2/2024

NOI 0820240866