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:	Long Creek Youth Development Center				
Department Contract Administrator or Grant Coordinator:	Justin Malanowski				
(If applicable) Department Reference #:	NA				
Agency Department Code:	03F	Advantage CT / RQS #:	20260731*0206		
Amount: (Contract/Amendment/Grant)	$353.31				
CONTRACT	Proposed/Original Start Date:	7/16/2026	Proposed/Most Recent End Date:	7/23/2026	
AMENDMENT	New Effective Date:		New End Date (if Applicable):		
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	Native Maine 10 Bradley Dr. Westbrook, ME 04092				
Brief Description of Goods/Services/Grant:	Fresh Produce for facility				

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice

☐	F. Higher Education Cooperative Project	☐	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 facility has an immediate need to purchase items due to incomplete delivery, food spoilage, or other urgent reasons, which necessitates immediate delivery to comply with the facility's master menu. Food delivery is needed within the next several days to support uninterrupted kitchen operations.

2. Provide brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The selected vendor can provide the required food products within a timeframe acceptable to the facility

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

The selected vendor provided the items at rate the facility has determined to be reasonable.

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

The facility will continue to utilize the current food service Master Agreement unless the purchase is used to satisfy 7 MRSA Part 1, Chapter 8-A §214-A or an opportunity purchase.

Click or tap here to enter text.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: Scott Goulette 74A20E43E4BA469...		
Typed Name:	Scott Goulette	Date:	7/31/2026

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: Michael Hartmann 0AA4C3C8A6C2460...		
Typed Name:	Michael Hartmann	Date:	8/11/2026