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:	DACF/ARD/RFSI				
Department Contract Administrator or Grant Coordinator:	Michelle Webb				
(If applicable) Department Reference #:					
Agency Department Code:		Advantage CT / RQS #:	CT 20240815*0341		
Amount: (Contract/Amendment/Grant)	$60,000				
CONTRACT	Proposed/Original Start Date:		Proposed/Most Recent End Date:	6/30/2026	
AMENDMENT	New Effective Date:	6/30/2026	New End Date (if Applicable):	12/31/2026	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	Healthy Communities of the Capital Area Hallowell ME				
Brief Description of Goods/Services/Grant:	The purpose of the scope of work is to invest in supply chain coordination efforts that aim to build resilience in the middle of Maine's food supply chain. Supply Chain Coordination efforts are important to increasing market access, supporting product development, and to open pathways that create efficiencies and opportunities in aggregation, processing, manufacturing, storing, transporting, wholesaling, and/or distribution of locally and regionally produced food products, including specialty crops, dairy, grains for human consumption, aquaculture, and other food products, excluding meat and poultry.				

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 Provider will continue to represent Maine, along with the Maine Department of Agriculture, Conservation and Forestry, at regular meetings of the New England Food System Planners Partnership, which is working to ensure that 30% of the food consumed in New England is from New England. Their participation will ensure that these regional conversations are better connected to work happening in communities throughout Maine. Additionally, the USDA AMS RFSI team required states with unspent grant funds to contract with entities to facilitate supply chain coordination activities. The funds added will continue to support the planning, coordination, delivery, and follow-up of supply chain activities, including staff time, outreach and participant recruitment, communications, speaker or facilitator support, materials, and other direct coordination costs not covered by other funding sources. In several cases, related events may also draw on complementary grant support for other programmatic elements; however, this request would support the remaining supply-chain coordination and market-development expenses needed to carry out this work successfully without duplicating costs across funding sources.

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

Healthy Communities of the Capital Area is already working with RFSI recipients through the New England Feeding New England State Planner's partnership and is approved by the USDA AMS to conduct this supply chain coordination work.

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

PART III: SUPPLEMENTAL INFORMATION

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

The funding was allocated to the Provider at the guidance of the federal USDA AMS RFSI staff and is in alignment with their supply chain coordination activity costs and approvals.

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

The additional funds added are from a one-time grant program. If funding becomes available again a RFA process will be initiated with the USDA AMS RFSI program.

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: Nancy McBrady 0BB4B81276874FC...		
Typed Name:	Nancy McBrady	Date:	7/7/2026

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: Sterling Doiron 4C537C52B586437...		
Typed Name:	Sterling Doiron	Date:	8/31/2026

Certificate Of Completion

Envelope Id: 98B63E4E-70F5-81F8-8241-B81A87571642
Status: Completed
Subject: Complete with Docusign: PJF.docx (2).pdf
Source Envelope:
Document Pages: 4
Signatures: 1
Certificate Pages: 1
Initials: 0
AutoNav: Disabled
EnvelopeId Stamping: Disabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Envelope Originator:
Sterling Doiron
77 State House Station
111 Sewall Street
Augusta, ME 04333
Sterling.Doiron@maine.gov
IP Address: 71.169.188.88

Record Tracking

Status: Original
8/31/2026 9:29:00 AM
Holder: Sterling Doiron
Sterling.Doiron@maine.gov
Location: DocuSign

Signer Events	Signature	Timestamp
Sterling Doiron Sterling.Doiron@maine.gov Sterling Doiron Security Level: Email, Account Authentication (None)	Signed by: Sterling Doiron 4C537C52B586437... Signature Adoption: Pre-selected Style Using IP Address: 71.169.188.88	Sent: 8/31/2026 9:29:11 AM Viewed: 8/31/2026 9:29:16 AM Signed: 8/31/2026 9:29:37 AM Freeform Signing

Electronic Record and Signature Disclosure:
Not Offered via Docusign

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	8/31/2026 9:29:11 AM
Certified Delivered	Security Checked	8/31/2026 9:29:16 AM
Signing Complete	Security Checked	8/31/2026 9:29:37 AM
Completed	Security Checked	8/31/2026 9:29:37 AM

Payment Events	Status	Timestamps