



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:	Economic and Community Development		
Department Contract Administrator or Grant Coordinator:	Steve Lyons		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 260,000.00	Advantage CT / RQS #:	2022072600000000283
CONTRACT	Proposed Start Date:	9/1/2022	Proposed End Date: 6/30/2023
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:	New England State Travel Directors dba Discover New England Portsmouth, NH		
Brief Description of Goods/Services/Grant:	Discover New England is a non-profit collaboration between the new England states formed to attract international travelers to the region.		

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 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.	Discover New England is a non-profit organization that promotes the New England region as an international travel destination, creating a more powerful presence in the international travel market than each individual state within the region could have on their own. As restrictions on international travel are lifted following the pandemic, Maine has the opportunity to regain and grow this travel sector, which will be critical to maintaining visitation to Maine as domestic travelers will now have more choices and can travel outside the USA.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Discover New England provides a unique service in coordinating this collaborative effort for the New England states DNE is the only organization that promotes the New England region specifically on behalf of the member states. The familiarity of DNE with Maine assets and destinations is key to promoting Maine to travel media and tour operators in targeted overseas markets.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The New England state tourism directors serve as the board of the non-profit, which pools funding from each state to promote the region. Maine pools resources with the other New England states to support the operations of Discover New England and to promote Maine to international travelers through targeted marketing. As a member of the DNE board, Maine has a voice in determining expenditures.
4. Describe the plan for future competition for the goods or services.	DNE is a non-profit and reports on expenditures and accomplishments to ensure return on investment.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Heather Johnson	Date:	8/30/2022
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	249502C7B71A49A... Thomas Paquette	Date:	9/7/2022