



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:	Department of Economic and Community Development		
Department Contract Administrator or Grant Coordinator:	Ben Sturtevant		
(If applicable) Department Reference #:			
Agency Department Code:	19A	Advantage CT / RQS #:	CT19A20250925*0607
Amount: (Contract/Amendment/Grant)	\$50,000		
CONTRACT	Proposed/Original Start Date:	10/6/2025	Proposed/Most Recent End Date: 9/30/2026
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:	Somerset Economic Development Corp. Skowhegan, Maine		
Brief Description of Goods/Services/Grant:	Technical assistance for regional forest products businesses.		

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. Higher Education 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.

Somerset County is home to several forest products manufacturing businesses that employ hundreds of workers. The funds will provide economic development technical assistance to help these companies with their growth and sustainability of their operations.

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.

Somerset Economic Development Corp. (SEDC) is the county's primary economic development agency. It has 25 years of experience in working closely with local businesses to identify financial assistance programs, through both prosperous and challenging times, in the region. SEDC has the capability and knowledge to manage a locally focused fund effectively, having done so many times in the past.

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

Somerset Economic Development Corp. is a small agency with limited funds to serve Somerset County, the third largest by area in Maine (nearly 4,100 square miles) and one of the largest counties east of the Mississippi River. The county's request for assistance is modest and reasonable for a rural area that is sparsely populated and lacks a large manufacturing base compared to its southern Maine neighbors. It is important for the county to retain and nurture its existing forest products businesses.

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

It is not anticipated that we will procure these services again, as this is a one-time effort.

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](#).

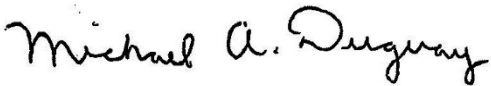
The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their

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):	
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Typed Name:	Michael Duguay, Commissioner	Date:	9/22/2025
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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):	
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Typed Name:		Date:	
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****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by:  891CE7A1493D45B...		
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Typed Name:	Martha verhille	Date:	9/26/2025
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