



PROCUREMENT JUSTIFICATION FORM (PJF)

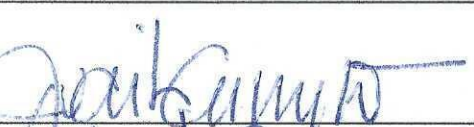
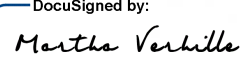
This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

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:	MDIFW – Recreational Safety		
Department Contract Administrator or Grant Coordinator:	Emily MacCabe		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 9,600.00	Advantage CT / RQS #:	09A-20230501*2988
CONTRACT	Proposed Start Date: 10/1/2023	Proposed End Date:	9/30/2024
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:	Sportsman’s Alliance of Maine, Augusta, Maine		
Brief Description of Goods/Services/Grant:	Lease agreement to establish the use of land for outdoor classroom space for MDIFW programming.		

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.			
This lease is to secure access to a unique property that will support Maine's hunting and trapping programs and includes access to special features such as a range, ponds, indoor teaching space, equipment storage and outdoor features that allow the Department to provide a safe and high quality experience for new hunters and trappers within 3 miles from the Augusta Headquarters.			
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.			
This site is unique in that there are no other viable options or vendors to do programming, while having full access to the site and the calendar in which to do so.			
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.			
The lease is based on an average day rental of a similar site used for programming and based on an average of 4 days/month (estimated.) Similar fees have been charged by various organizations between \$150-\$300 per day, yet most lack the features and full access this agreement provides.			
4. Describe the plan for future competition for the goods or services.			
This would be reviewed should a similarly equipped location/site become available and at that point would likely go out to bid. In this instance, it is very unlikely as this site and organization has very unique attributes not commonly found in Maine, and certainly in near proximity to headquarters in Augusta.			
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)			
Does this request utilize ARPAMJRP 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:	Mark Camuso	Date:	8/28/23
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>DocuSigned by:</small>  <small>891CE7A1493D45B...</small> </div>		
Typed Name:	Martha verhille	Date:	10/23/2023