



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:		DHHS/OADS/DS	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Storm Dexter	
(If applicable) Department Reference #:		ADS-25-9790	
Amount: (Contract/Amendment/Grant)	\$95,847.50	Advantage CT / RQS #:	CT-10A-20240325000000002591
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 5/20/2025
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:		Holiday Inn by the Bay Portland, Maine	
Brief Description of Goods/Services/Grant:		One-time provision of Guest Rooms, Function Spaces, and Food Services for the Department's 2025 Innovation Summit to be held on May 19, 2025, and May 20, 2025.	

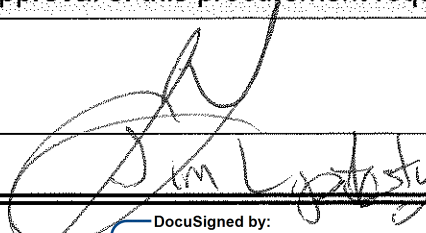
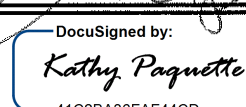
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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.
	The purpose of this Contract is to enter into a one-time agreement to provide guest room accommodations, function spaces, and food services for the 2025 Innovation Summit being facilitated by the Department on May 19, 2025, and May 20, 2025. The Provider will be providing these accommodations from May 18, 2025, until May 20, 2025.
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	There is a requirement that the event be based near an airport that is directly accessible by national presenters, vendors, and participants. That would make Portland the logical choice for flight options and national direct access. This conference center was selected as a venue for a prior conference and the venue performed at a high level with high satisfaction. In addition, the conference center meets our larger conference needs for space and number of rooms needed.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	The anticipated costs for the conference are in-line with the cost of prior conference expenses. The funding is allocated through FMAP 201.2 Stimulate Independence through Promoting Innovation, and is planned as a showcase both for 201.2 projects, but also to present nationally innovative providers of innovative service delivery for individuals with Intellectual Disabilities or Autism.
4.	Describe the plan for future competition for the goods or services.
	N/A, this is a one-time service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.	

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lyzasky	Date:	16-Sep-24
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/25/2024