



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:	Maine State Library		
Department Contract Administrator or Grant Coordinator:	Lori Fisher, Maine State Librarian		
(If applicable) Department Reference #:			
Agency Department Code:	94Q	Advantage CT / RQS #:	CT 20250905*375
Amount: (Contract/Amendment/Grant)	\$ 12,000.00		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 6/30/2026
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:	The Dollywood Foundation, Seville, TN		
Brief Description of Goods/Services/Grant:	Fiscal Agent services for Imagination Library		

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 checked="" 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.

The purpose of this agreement is to have The Dollywood Foundation provide fiscal agent and accounting responsibilities to administer state dollar MATCH funds at a fee of \$1000 per month. The Provider shall act as the fiscal agent for Imagination Library Maine affiliates in each county. Monies raised by affiliates will be matched with the same amount of state dollars through the Maine State Library Imagination Library fund.

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.

Due to the nature of the agreement, the Dollywood Foundation is the only entity able to complete this specific task.

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

Funding for this was granted by the State Legislature for FY2023 and carried over into the current FY. The Dollywood Foundation will coordinate the data research needed to show impact and effectiveness of the program in Maine.

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

The costs for this program are expected to increase as the program expands to all counties in Maine. We are working with the Governor's office on this program and keep them apprised of future annual costs and to review available alternatives.

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):	<i>Lori Fisher</i>		
Typed Name:	Lori Fisher, Maine State Librarian	Date:	9/9/2025

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:	<small>DocuSigned by:</small> <i>Thomas Paquette</i>		
Typed Name:	<small>249502C7B71A49A...</small> Thomas Paquette	Date:	10/2/2025

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Final Audit Report

2025-09-09

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