



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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/Office of Business Development		
Department Contract Administrator or Grant Coordinator:	Tammy Knight		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 5,500	Advantage CT / RQS #:	CT19A 20241206000000001455
CONTRACT	Proposed Start Date:	12/1/2024	Proposed End Date: 6/30/2025
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:	Giraffe Events, 35 Storer Street, Saco, Maine		
Brief Description of Goods/Services/Grant:	Event organization, logistics, and planning for the New England Made Giftware & Specialty Food Show		

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.	Giraffe has been running the New England Products Trade show for over 20 years. DECD previously handled this internally, but the show grew and became much more expensive. Giraffe now runs the show and seeks other sponsors to also underwrite the cost of the show. DECD could not afford to do this anymore without Giraffe.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Giraffe's expertise and level of dedicated staff have demonstrated year after year their qualifications for hosting and carrying out a successful show to benefit Maine makers and to assist Maine buyers in finding quality products.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Funding for this sponsorship is less than previous years based on a number of changes that have been made since COVID which do not require DECD/Maine Made involvement.
4. Describe the plan for future competition for the goods or services.	The state is not in a position to foster competition on this project/sponsorship.

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 VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Denise Garland, Deputy Commissioner	Date:	12/9/2024
Signature of DAFS Procurement Official:			
Typed Name:	Martha Verhille	Date:	12/12/2024