



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:		DPS Gambling Control Unit for the Gambling Control Board	
Department Contract Administrator or Grant Coordinator:		Milton Champion, Executive Director	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 12,000.00	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	1/1/2025	Proposed End Date: 1/31/2025
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:		Richard Marcus, Las Vegas Nevada	
Brief Description of Goods/Services/Grant:		Casino Games Protection Services – Comprehensive table games, electronic table games and slot machine protective training.	

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
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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.

Mr. Marcus was a prior casino cheat who developed many highly effective cheating techniques and is widely considered to have been the best professional cheat in the casino gaming history. He now offers international training to casinos and their regulators. He has trained and offered consultation to more than 100 casinos worldwide. Additionally, he offers training to surveillance and regulators on what to look for. He is also an author of 4 books related to subject matters.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

In the Executive Directors search for training providers, he was able to have Mr. Marcus come to Maine to not only train state casino inspectors but also offer the training to casino table game supervisors and above and also the surveillance staff at each casino.

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

The cost for the four-day training, two days at each casino, is \$12,000.00. The casinos will be splitting the cost at \$4,000.00 each (Oxford, Hollywood and Gambling Control Unit). The casinos will reimburse the state for 2/3 the cost of the training. The casinos are also paying for and providing hotel rooms during his stay. Each casino will be invoiced by the Executive Director for reimbursement of their portion.

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

The Executive Director is always looking for training to be provided to his staff. Should training be available that is just as cost effective and productive, an additional request will be made that may even warrant a bidding process from comparable trainers or consultants.

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 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:	Michael Sauschuck	Date:	12/19/2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>BE7E88805EFD419...</small>		
Typed Name:	Sherri Brooker	Date:	12/20/2024