



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:	Department of Corrections		
Department Contract Administrator or Grant Coordinator:	Conner McFarland		
(If applicable) Department Reference #:			
Agency Department Code:	03A	Advantage CT / RQS #:	MA 25010800*0069
Amount: (Contract/Amendment/Grant)	\$10,000		
CONTRACT	Proposed/Original Start Date:	1/20/2025	Proposed/Most Recent End Date: 1/19/2026
AMENDMENT	New Effective Date:	1/20/2026	New End Date (if Applicable): 5/1/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Bernard Food Industries Inc Evanston, IL		
Brief Description of Goods/Services/Grant:	Beverage Based Products		

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. 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 Maine Department of Corrections needs to purchase fortified beverage base for its facilities because its primary food contracts do not offer these products. With approximately 6,000 meals served per day statewide, fortified beverages are an important part of the Department's strategy to meet the nutritional needs of incarcerated residents by supplementing vitamins, minerals, and overall caloric intake.

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.

The Maine Department of Corrections must meet stringent dietary requirements to ensure that all incarcerated residents receive nutritionally adequate meals, and the Department's rotating menu relies on fortified beverages as a key component of meeting those nutritional needs. Bernard Food Industries currently holds the Master Agreement with the State of Maine.

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

The rates charged by Bernard Food Industries are fair and reasonable because the prices for fortified beverage base are consistent with current market rates. The Department reviewed pricing from other vendors offering comparable fortified beverage products and found Bernard Food Industries' rates to be in line with, or favorable to, those market comparisons.

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

The Department is seeking a competitive bid through a Request for Quotes to establish a new Master Agreement. A three-month extension of the current Master Agreement will allow the Department time to seek competitive bids for this product.

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) or (026) – 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

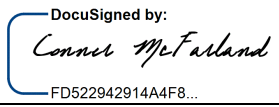
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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):	 <small>DocuSigned by: Conner McFarland FD522942914A4F8...</small>		
Typed Name:	Conner McFarland	Date:	12/10/2025

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: Justin Franzose AEED9C7B3A8044E...</small>		
Typed Name:	Justin Franzose	Date:	12/11/2025

Certificate Of Completion

Envelope Id: 940BD205-14EC-44E2-8606-40492F78E5F7	Status: Completed
Subject: Here is your signed document: Bernard Food Industries MA Extension PJF.docx	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 2	Initials: 0
AutoNav: Disabled	Envelope Originator:
Envelopeld Stamping: Disabled	Conner McFarland
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	conner.mcfarland@maine.gov
	IP Address: 24.198.172.148

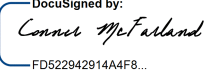
Record Tracking

Status: Original 12/10/2025 4:54:59 PM	Holder: Conner McFarland conner.mcfarland@maine.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: State of Maine - Office of Information Technology	Location: Docusign

Signer Events

Conner McFarland
conner.mcfarland@maine.gov
Manager of Operations
Maine Department of Corrections
Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by:

FD522942914A4F8...
Signature Adoption: Pre-selected Style
Using IP Address: 24.198.172.148

Timestamp

Sent: 12/10/2025 4:55:16 PM
Viewed: 12/10/2025 4:55:21 PM
Signed: 12/10/2025 4:56:31 PM
Freeform Signing

Electronic Record and Signature Disclosure:
Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Justin Franzose
justin.franzose@maine.gov
Procurement Analyst II
State of Maine
Security Level: Email, Account Authentication
(None)

COPIED

Sent: 12/10/2025 4:56:33 PM
Viewed: 12/11/2025 4:15:54 PM

Electronic Record and Signature Disclosure:
Not Offered via Docusign

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

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Certified Delivered	Security Checked	12/10/2025 4:55:21 PM
Signing Complete	Security Checked	12/10/2025 4:56:31 PM

Envelope Summary Events	Status	Timestamps
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Payment Events	Status	Timestamps