

**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:		Secretary of State, Bureau of Motor Vehicles	
Department Contract Administrator or Grant Coordinator:			
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 31,200.00	Advantage CT / RQS #:	29B 2022011800000000805
CONTRACT	Proposed Start Date:	1/21/2022	Proposed End Date: 4/1/2022
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:		R. R. Donnelly, 350 17 th St., Monroe, WI. 53566	
Brief Description of Goods/Services/Grant:		Emergency Title Form Filler Order Printing	

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" type="checkbox"/>	J. Willing and Qualified
<input checked="" 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 title form is a very specialized form with several built-in securities to help prevent abuse in the use of the title form. Because of these securities printing and making the form requires much time and testing by a new printer to prepare the form correctly. BMV went out to bid several weeks earlier than normal to allow a new vendor the time to perfect the printing process of the title. BMV is currently working with a new vendor that was awarded the last RFP to print the order, however, the awarded printer is still working on perfecting their printing of the title. The current inventory of the title form may not cover the turnaround time the new vendor will require to fill the order on time. Because of this BMV must go back to the last printer who has much experience printing the title form to make a filler order that will be done before current inventory is depleted. This will allow the new vendor time to work out the details of the form. In the meantime, BMV will not run out of forms.

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

Extensive past experience printing the Maine title form. The vendor has verified that the title order will be done for the delivery date of 4/1/2022.

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

Where this order is an emergency order and on a rush the cost is comparable to the cost of prior orders plus the cost of moving the title form up in line for expedited production.

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

BMV will continue to go back out to bid to produce the title forms.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)



Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David Lachance	Date:	1/19/2022
Signature of DAFS Procurement Official:	 <small>DocuSigned by: 1DFA565D481F42E...</small>		
Typed Name:	Debbie Jacques	Date:	1/20/2022