



## 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:	Department of Secretary of State, Bureau of Motor Vehicles		
Department Contract Administrator or Grant Coordinator:	Thomas Bull		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 52,236.80	Advantage CT / RQS #:	20240129000000001074
CONTRACT	Proposed Start Date:	1/29/2024	Proposed End Date: 12/30/2024
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:		RR Donnelly, 4101 Winfield Rd. Warrenville, IL 60555	
Brief Description of Goods/Services/Grant:		This RQS is for 170,000 White Double Rapid Renewal forms, and 1,000 White Single Rapid Renewal forms.	

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 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 Rapid Renewal forms used by the Bureau of Motor Vehicles, BMV, are a unique form that only RR Donnelley has been able to produce in its current design and specifications. BMV is actively working on a redesign of the Rapid Renewal form, but an order is needed to meet immediate needs of the Rapid Renewal program that is very popular with Maine motorists.

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

RR Donnelly has proven themselves as a capable and reliable vendor for producing the Rapid Renewal forms; the BMV Registrations Division desires to maintain RR Donnelly as the vendor for this form due to the quality of their work, and timeliness of delivery. In addition, due to current specs of the Rapid Renewal forms, there are no other vendors able to produce this form; BMV has been in communication with other vendors, and none have been able to satisfy the current design specs.

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

Rates are comparable to other vendors and in keeping with past orders.

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

Will continue to assess both quality of deliverable and costs for services.

**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): *David Lachance*

Typed Name: David Lachance Date: 1-29-2024

Signature of DAFS Procurement Official: *Martha Verhille*  
DocuSigned by: 891CE7A1493D45B...

Typed Name:	Martha Verhille	Date:	1/30/2024