



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:		Bureau of Motor Vehicles; Secretary of State		
Department Contract Administrator or Grant Coordinator:		Beverly Campbell		
(If applicable) Department Reference #:				
Agency Department Code:	29B	Advantage CT / RQS #:	2025121100000000954	
Amount: (Contract/Amendment/Grant)		\$16,765.00		
CONTRACT	Proposed/Original Start Date:	12/11/2025	Proposed/Most Recent End Date:	1/20/2026
AMENDMENT	New Effective Date:	1/23/2026	New End Date (if Applicable):	3/6/2026
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Adam Graphic Corporation • 16 Mason Ave Unit 4 • North Attleboro, MA 02760		
Brief Description of Goods/Services/Grant:		MVR3E Registration 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. Higher Education 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.

MVR 3E Forms are the registrations forms issued to customers when they register their vehicles.

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.

Adam's Graphic is a vendor that has printed these forms for us in the past. We currently have only 8 days of stock remaining and the normal lead time is 8 weeks. Adam Graphic has in the past turned other emergency requests around in an expedited fashion and will be able to turn this order around in a week.

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

Costs are fair and reasonable compared to prior purchases that were awarded through the bid process. It also factors in that this is an emergency order and for only 25% of the volume that is typical for an order.

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

We will put the MVR3E business out to bid to secure an MA for future purchases.

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.

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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):

Catherine Curtis

Typed Name:

Date: 1/20/26

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):

Bruno Inacio

Typed Name:

Bruno Inacio

Date: 1/20/2026

OSPS Section Only

Signature of DAFS
Procurement Official:

DocuSigned by:

Martha Verhille

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Typed Name:

Martha Verhille

Date: 1/21/2026