

**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:		Amber Griffin	
Department Contract Administrator or Grant Coordinator:		Office of the State Treasurer	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$32,985.00	Advantage CT / RQS #:	20230222000000001016
CONTRACT	Proposed Start Date:	2/24/2023	Proposed End Date:
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:		ACE OFFICE SUPPLIES WINDERMERE, FL 34786	
Brief Description of Goods/Services/Grant:		External Payment Checks	

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.	This check stock is used to print all AP checks issued by the State of Maine
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	ACE Office Supplies has been our only vendor for this product since 2014. They consistently offer the lowest prices and best customer service.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The vendor was unable to maintain the cost on our current BPO (issued in 2019) due to the much higher price of paper since COVID.
4. Describe the plan for future competition for the goods or services.	OST will immediately send the job out for RQS.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	Laura Hudson	Date:	2/24/2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	Kathy Paquette	Date:	2/24/2023