



## 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)	\$64,740.00	Advantage CT / RQS #:	Click or tap here to enter text. RQS 28A 20230309*1083
<b>CONTRACT</b>	Proposed Start Date:	3/6/2023	Proposed End Date:
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	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 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 Accounts Payable 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 provide a superior product, low prices, and superb customer service.

Having a Sole Source Vendor eliminates the risk of a new vendor using a different product which would require extensive testing on the States High Speed Printers and would require approval from the Office of the State Treasurer, the Office of the State Controller, Central Print and Copy Services, State Postal Services and US Bank.

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

The vendor honored the pricing of our most recent BPO (issued in 2019) through two extensions ending in early 2023. Due to the low supply and increasing demand of paper, prices have skyrocketed, and we feel the 17% increase over the 2019 rate is fair.

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

OST would like to make this critical product available through a Sole Source Vendor. Since Covid began not only has paper availability has been limited, the number of checks the State is issuing has tripled. In Fiscal Year 2019 514,019 checks were issued, in FY22 the number had increased to 1,568,105. Keeping a consistent source and ordering larger quantities of check stock would be the best way to guarantee availability.

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


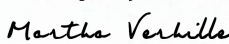
Does this request utilize ARPA/MJRP funds?

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:	Laura Hudson	Date:	2/24/2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>891CE7A1493D45B...</small> Martha Verhille	Date:	3/10/2023