



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

## DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

## 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:		David Lachance, Administrative Services Director	
(If applicable) Department Reference #:		n/a	
Amount: (Contract/Amendment/Grant)	\$52,115.94	Advantage CT / RQS #:	20171221000000002017
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	<b>2/1/2018</b>	Effective Date:
	Previous End Date:	<b>1/31/2024</b>	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		American Association of Motor Vehicle Administrators 4301 Wilson Blvd, Suite 400 Arlington, VA 22203	
Brief Description of Goods/Services/Grant:		Driver License inquiry service	

## 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 checked="" 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 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 contract amendment will allow for the continuation of network and subscription services currently being received from AAMVA. Network services received from AAMVA are necessary for the verification and issuance of the driver's license credential.

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

The American Association of Motor Vehicle Administrators, AAMVA, is the unique service provider for this service.

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

The cost is calculated based on a population proxy derived from the U.S. Census Bureau. A change in proxy counts could result in a net change in the amount charged an individual state, dependent on each jurisdictions percentage of the total U.S. population.

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

A competitive bid process would be conducted if additional providers become available.

### 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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

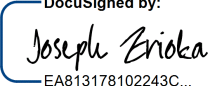
### PART V: CONFLICTS OF INTEREST (COI); PURCHASES BY THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department signatory understands and acknowledges [Title 17, Chapter 101, §3104](#).

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	<i>David Lachance</i>		
Typed Name:	<i>David Lachance</i>	Date:	<i>2/23/24</i>
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka    Director of IT Procurement	Date:	3/1/2024