



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, Information Services		
Department Contract Administrator or Grant Coordinator:		Chris Johnson, Deputy Secretary of State Chief Information Officer		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 7,500.00	Advantage CT / RQS #:	20230113000000001887
CONTRACT	Proposed Start Date:	1/17/2024	Proposed End Date:	1/18/2025
AMENDMENT	Original Start Date:	1/17/2023	Effective Date:	1/18/2024
	Previous End Date:	1/18/2024	New End Date:	1/18/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		The Atlas Group LLC DBA Technology Solutions of Maine 10 Washington St. Waterville, ME 04901		
Brief Description of Goods/Services/Grant:		Cleaning and general light maintenance for 4 HP Printers		

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
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Please respond to ALL of the questions in the following sections.

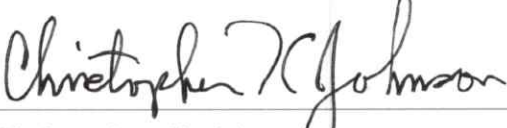
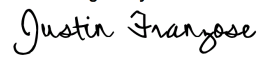
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	A major part of the business within the Title and Document Management services is the printing operation. The business uses large high speed HP printers, equipped with stacker and finisher. These printers are crucial for this purpose and need regular cleaning to maintain high-quality documents.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The provider is a local vendor\company that has been providing excellent cleaning services for not only the printers but the Kofax scanners for several years
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The cost of the monthly cleanings for four printers is reasonable. The formal bid was originally awarded to Technologies Unlimited who were purchased by Technology Solutions of Maine
4. Describe the plan for future competition for the goods or services.	The Office of Information Services is open to the competitive bid process if another vendor can satisfactorily meet the needs of Information Services with respect to supported needs, technology expertise, price and the required repair timeframe

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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?	
<input checked="" type="checkbox"/> 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):			
Typed Name:	Christopher K. Johnson	Date:	3/6/2024
Signature of DAFS Procurement Official:	DocuSigned by:  <small>AEED9C7B3A8044E...</small>		
Typed Name:	Justin Franzose	Date:	3/6/2024