



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE 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 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:		Department of Public Safety, Bureau of Highway Safety	
Department Contract Administrator or Grant Coordinator:		Jaime L. Pelotte	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$140,000.00	Advantage CT / RQS #:	20220623*3479
<b>CONTRACT</b>	Proposed Start Date:	Proposed End Date:	
<b>AMENDMENT</b>	Original Start Date:	Effective Date:	1/20/2025
	Previous End Date:	New End Date:	9/30/2028
<b>GRANT</b>	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Lexis Nexis Risk Solutions, Inc Alpharetta, GA 30005	
Brief Description of Goods/Services/Grant:		Maine (SEDC) State Electronic Data Collection Project.	

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 checked="" type="checkbox"/>	G. Grant
<input checked="" 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.

The Maine State Electronic Data Collection (Maine SEDC) Project is a broad initiative to modernize and significantly improve the state's crash data collection, management, and analysis capabilities. The project's core includes updating the State Crash Form to integrate data elements from Model Minimum Uniform Crash Criteria (MMUCC) 6<sup>th</sup> Edition, which cover a comprehensive range of crash, driver, non-motorist, person, and vehicle information.

The technological infrastructure of the Maine Crash Reporting System (MCRS 3), the Maine Crash Public Query Tool, and the MaineDOT Maine CRASH system will be updated for enhanced electronic data capture, storage, and analysis.

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

These services are not available through the State OIT. The vendor has built and provided these systems and necessary support for many years and has the expertise to maintain and upgrade the systems as needed and required.

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

The grant award amount was granted on 1/20/2025; the plan was negotiated with the vendor and is fair and reasonable based on the services needed.

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

If these systems become obsolete, or if the vendor fails to meet the performance requirements, then the State would issue an RFP to replace the systems.

**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.

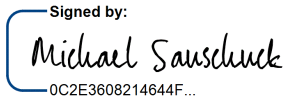
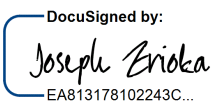
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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 signatory understands and acknowledges Maine’s Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	Signed by:  <small>0C2E3608214644F...</small>		
Typed Name:	Michael J. Sauschuck	Date:	2/27/2025
Signature of DAFS Procurement Official:	DocuSigned by:  <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	2/27/2025