



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		Secretary of State, Bureau of Motor Vehicles, Information Services	
Department Contract Administrator or Grant Coordinator:		Douglas Perry, Deputy Secretary of State Chief Information Officer	
(If applicable) Department Reference #:			
Agency Department Code:	29B	Advantage CT / RQS #:	20260302000000001366
Amount: (Contract/Amendment/Grant)		\$ 117,928.56	
CONTRACT	Proposed/Original Start Date:	4/18/2026	Proposed/Most Recent End Date: 4/17/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Carahsoft Technology Corp. 11493 Sunset Hills Road, Suite 100 Reston, Virginia 20190	
Brief Description of Goods/Services/Grant:		AWS Cloud Renewal	

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. Higher Education 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.
	AWS Storage: Backup and Recovery archived retention beyond 2 weeks is uploaded to cloud storage and those destinations increase in size. An account with a VAR is populated with a forecasted yearly amount, and the VAR pays the monthly bill to AWS.
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.
	Carahsoft was selected as the vendor due to historical knowledge and familiarity with the department's needs for creative financial processing without monthly credit card payments. RFQ #62031444. RQS/BPO is used due to service dates extending beyond Master Agreement dates. MA – 1802260000000000092 (2/23/2018 through 9/16/2026)
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	Cost of the service is on a monthly basis, based on use. With a continuously growing storage destination, the monthly cost increases and the next year's total cost was calculated based on the prior year's monthly average increase.
4.	Describe the plan for future competition for goods or services.
	The Department will seek other competitive quotes from multiple different vendors.

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) or (026) – 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); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/>	The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their

knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

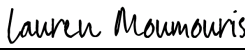
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Douglas A. Perry	Date:	3/3/2026

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	Lauren Mounouris, IT Procurement Systems Analyst	Date:	3/17/2026

