



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:		Sec of State Bureau of Motor Vehicles	
Department Contract Administrator or Grant Coordinator:		Bruno Inacio	
(If applicable) Department Reference #:			
Agency Department Code:	29B	Advantage CT / RQS #:	RQS 29B 20260324*1499
Amount: (Contract/Amendment/Grant)		\$19,000	
CONTRACT	Proposed/Original Start Date:	Proposed/Most Recent End Date:	
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:		C. Lausier Family Inc. Bangor ME	
Brief Description of Goods/Services/Grant:		MV535 Numbered Temporary Plates	

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 checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. Higher Education 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.	MV535 are temporary plates issued with the purchase of new vehicles, and are one of our mission critical items.
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.	C. Lausier has done the printing of these for some time and is willing to do them under rush conditions. We currently have about 3 weeks worth of inventory.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Costs are fair and reasonable, even with this being an emergency order
4. Describe the plan for future competition for the goods or services.	We are in the process of securing an MA for future purchases.

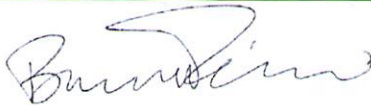
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be 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:	Bruno Inacio	Date:	3/24/2026

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:	3/31/26

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: Sterling Doiron <small>4C537C52B586437...</small>		
Typed Name:	Sterling Doiron	Date:	4/3/2026

Certificate Of Completion

Envelope Id: 72E5CF23-6F4D-4E19-B4C8-FE585B0C4B94	Status: Completed
Subject: Complete with Docusign: 03312026 PJF for MV535.pdf	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Disabled	Envelope Originator:
Envelopeld Stamping: Disabled	Sterling Doiron
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	77 State House Station
	111 Sewall Street
	Augusta, ME 04333
	Sterling.Doiron@maine.gov
	IP Address: 71.169.188.88


Record Tracking

Status: Original	Holder: Sterling Doiron	Location: DocuSign
4/3/2026 8:31:00 AM	Sterling.Doiron@maine.gov	

Signer Events

Sterling Doiron
 Sterling.Doiron@maine.gov
 Sterling Doiron
 Security Level: Email, Account Authentication (None)

Signature

Signed by:

 Sterling Doiron
4C537C52B586437...
 Signature Adoption: Pre-selected Style
 Using IP Address: 71.169.188.88

Timestamp

Sent: 4/3/2026 8:31:17 AM
 Viewed: 4/3/2026 8:31:21 AM
 Signed: 4/3/2026 8:31:37 AM
 Freeform Signing

Electronic Record and Signature Disclosure:
 Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	4/3/2026 8:31:17 AM
Certified Delivered	Security Checked	4/3/2026 8:31:21 AM
Signing Complete	Security Checked	4/3/2026 8:31:37 AM
Completed	Security Checked	4/3/2026 8:31:37 AM

Payment Events

Status

Timestamps