



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 \$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:		Department of Professional and Financial Regulation		
Department Contract Administrator or Grant Coordinator:				
(If applicable) Department Reference #:				
Agency Department Code:	02A	Advantage CT / RQS #:	20260128000000001210	
Amount: (Contract/Amendment/Grant)		\$ 33,672		
CONTRACT	Proposed/Original Start Date:	2/1/2026	Proposed/Most Recent End Date:	1/31/2027
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:		LexisNexis, a division of RELX Inc. PO Box 9584 New York, NY		
Brief Description of Goods/Services/Grant:		Subscriber access to LexisNexis content and features as outlined in the proposed agreement		

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

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

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	The proposed agreement will provide professionals within the Department access to Lexis content and features in support of regulatory and enforcement responsibilities of each agency, including researching State and Federal statutes; State and Federal regulations rules and regulations; State and Federal case law, Secondary legal sources relating to banking, trusts, corporations, securities, insurance, etc.; State and Federal advisory opinions and legal guidance; Legal treatises; and Asset and person searches related to subjects of investigations.
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.	LexisNexis offers access to electronic legal and regulatory research sources and material. There are limitations with any service due to ownership of certain materials and licensing practices of publishers. The Department may utilize multiple services.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The pricing provided is below the usual cost for services and based on a one-year commitment.
4. Describe the plan for future competition for the goods or services.	The Department will continue to review all available providers, and the content and material offered.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</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):	Signed by:  <small>3C3176E71E26414...</small>		
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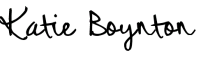
Typed Name:	Joan Cohen, Commissioner	Date:	4/8/2026
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2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
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Typed Name:		Date:	
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**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	Signed by:  <small>AE2C1DD1G5434E9...</small>		
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Typed Name:	Katie Boynton, Systems Analyst	Date:	4/8/2026
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