



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:		SOS Bureau of Motor Vehicles	
Department Contract Administrator or Grant Coordinator:		Bruno Inacio	
(If applicable) Department Reference #:			
Agency Department Code:		Advantage CT / RQS #: <u>RQS 29B 2026 1589</u>	
Amount: (Contract/Amendment/Grant)		\$10,575.00	
CONTRACT	Proposed/Original Start Date:	<u>3/22/2026</u>	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:		Lindenmeyr Munroe Portland ME	
Brief Description of Goods/Services/Grant:		Envelopes	

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.

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.
	Lindenmeyr is the only place that has the specific items needed. The product must meet specific requirements in order to be used in our equipment.
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.
	Lindenmeyr is the only provider that meets exact specifications. I checked Master Agreements and other vendors but was unable to find them elsewhere.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	Prices are competitive and lower than other places, and exact specs are met.
4.	Describe the plan for future competition for the goods or services.
	BMV will work with Procurement to determine if an MA is an option for future orders.

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: 4/7/2026

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:

Signed by:
Sterling Doiron
4C537C52B586437...

Typed Name: sterling doiron

Date: 4/17/2026

Certificate Of Completion

Envelope Id: D714DAAE-8724-4D09-9049-468301E9978C

Status: Completed

Subject: Complete with Docusign: PJF for Lindenmeyr.pdf

Source Envelope:

Document Pages: 3

Signatures: 1

Envelope Originator:

Certificate Pages: 1

Initials: 0

Sterling Doiron

AutoNav: Disabled

77 State House Station

Envelopeld Stamping: Disabled

111 Sewall Street

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Augusta, ME 04333

Sterling.Doiron@maine.gov

IP Address: 71.169.188.88

Record Tracking

Status: Original

Holder: Sterling Doiron

Location: DocuSign

4/17/2026 8:46:00 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: 4/17/2026 8:46:14 AM

Viewed: 4/17/2026 8:46:21 AM

Signed: 4/17/2026 8:46:49 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

4/17/2026 8:46:14 AM

Certified Delivered

Security Checked

4/17/2026 8:46:21 AM

Signing Complete

Security Checked

4/17/2026 8:46:49 AM

Completed

Security Checked

4/17/2026 8:46:49 AM

Payment Events

Status

Timestamps