

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DAFS/MRS	
Department Contract Administrator or Grant Coordinator:		Debra Bartlett	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ \$25,000.00	Advantage CT / RQS #: CT 18F 20220503*2729
CONTRACT	Proposed Start Date:	5/8/2022	Proposed End Date: 7/31/2022
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		J.S. McCarthy Printers 15 Darin Drive Augusta, ME 04330	
Brief Description of Goods/Services/Grant:		Preparation, printing and delivery of Disaster Relief Payment check inserts.	

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. 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.

MRS has an immediate need for a vendor to prepare, print, and deliver 860,000 inserts to state postal that will be sent to taxpayers along with the Disaster Relief Payments informing them of the reason for the payment.

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

JS McCarthy provided these services during the last round of Disaster Relief Payments. The vendor's familiarity with the process and close proximity to state facilities will be beneficial in expediting the delivery of the inserts to state postal and ultimately to taxpayers.

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

The quoted rates are based on current rates and appear to be reasonable.

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

If MRS has a future need for printed material an RFP will be issued.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)


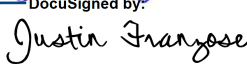
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jenny Boyden, Associate Commissioner	Date:	5-2-22
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>AEED9C7B3A8044E...</small> Justin Franzose	Date:	5/4/2022