



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		Office of Cannabis Policy	
Department Contract Administrator or Grant Coordinator:		Vernon Malloch, Deputy Director of Operations	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 31,200.00	Advantage CT / RQS #:	RQS 2024*0409*1467
CONTRACT	Proposed Start Date:	6/1/2024	Proposed End Date: 5/31/2025
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:		VC1000082832 LEXISNEXIS RISK DATA MANAGEMENT INC 1000 ALDEMAN DRIVE ALPHARETTA, GEORGIA 30005	
Brief Description of Goods/Services/Grant:		GOVERNMENT RESEARCH AND LOCATE PROGRAM	

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 checked="" 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. 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.

Its proprietary data-linking technology returns search results in real-time, using public record and non-public information to help locate people, detect fraud, uncover assets, verify identity, perform due diligence, and visualize complex relationships. This will allow us to access critical and important information for licensing and compliance reviews, inspections, and investigations.

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

These software licenses are of a proprietary nature and can only be ordered from Lexis Nexis. Since the licenses are proprietary, to do a request for quote where there is a high likelihood only Lexis Nexis has the capability to meet the requirements.

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

We have attained the flat government rate subscription which includes unlimited searching for all standard features plus real-time phones as new subscribers.

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

Lexis Nexis is the sole source to access the data-links.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.



PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges [MRS Title 5, §18-A, 2.](#)

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 <small>John Hudak (May 6, 2024 18:09 EDT)</small>		
Typed Name:	John Hudak	Date:	05/06/24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	5/18/2024






Procurement Justification Form (PJF)_REV-03.12.2024

Final Audit Report

2024-05-06

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