



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:		Secretary of State/BMV		
Department Contract Administrator or Grant Coordinator:		Beverly Campbell		
(If applicable) Department Reference #:				
Agency Department Code:		Advantage CT / RQS #:	20260506000000001708	
Amount: (Contract/Amendment/Grant)		\$ 63,600		
CONTRACT	Proposed/Original Start Date:	5/6/2026	Proposed/Most Recent End Date:	7/31/2026
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:		Adam Graphic Corporation 16 Mason Ave Unit 4 North Attleboro, MA 02760		
Brief Description of Goods/Services/Grant:		MVR3E – Forms for towns to issue registrations		

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
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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.

We recently awarded a bid for the MVR 3E. The awarded bidder has a lead time that is 25-30 days longer than the amount of time we have before we exhaust our current supply of the MVR3E. Towns use the MVR3E forms for issuing vehicle registrations.

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.

Adam Graphic has been awarded several bids in the past. The quality of their product always meets our specs and they can deliver the order before we run out of our current inventory.

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

We put the order for MVR3E's out to bid and will again. Adam Graphic has won the bid in the best which speaks to their competitive pricing.

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

Future requests for MVR 3E's will be done via the bid process.

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) or (026) – 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

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.

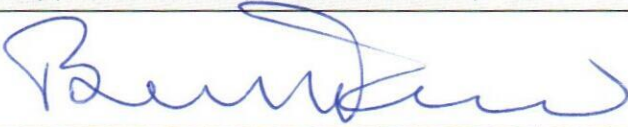
The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their

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.

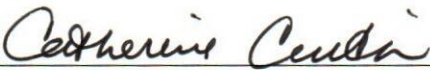
PART VI: APPROVALS

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: 5/6/2026

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:	Cathie Curtis	Date: 5/6/2026

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: Sterling Doiron <small>4C537C52B586437...</small>	
Typed Name:	Sterling Doiron	Date: 5/12/2026

