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:	DAFS/Office of Cannabis Policy				
Department Contract Administrator or Grant Coordinator:	Dean Goodale, Director of Compliance				
(If applicable) Department Reference #:					
Agency Department Code:	18M	Advantage CT / RQS #:	RQS #2026*0311*1411		
Amount: (Contract/Amendment/Grant)	$22,915.44				
CONTRACT	Proposed/Original Start Date:	**6/1/2026**	Proposed/Most Recent End Date:	5/31/2027	
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:	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.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice

☐	F. Higher Education Cooperative Project	☐	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 solicitation (RFP/RFA/RFQ) number if applicable.

These software licenses are of a proprietary nature and can only be ordered from Lexis Nexis. Consequently, a request for a quote is expected to yield a sole-source result, as LexisNexis is the only vendor capable of meeting these requirements.

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

We have secured the flat-rate government subscription, which provides unlimited access to all standard search features and real-time phone subscriber data. Under this agreement, the total license count has been reduced to achieve maximum cost-effectiveness.

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

Going forward, the department will evaluate all available resources and consult with Procurement for definitive guidance.

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 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:	John Hudak	Date:	5/26/26

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: Marcello Genovese E2CD3BD47EBC4FB...		
Typed Name:	Marcello Genovese	Date:	6/4/2026