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

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; Bureau of Motor Vehicle				
Department Contract Administrator or Grant Coordinator:	Beverly Campbell				
(If applicable) Department Reference #:					
Agency Department Code:		Advantage CT / RQS #:	20260707*27		
Amount: (Contract/Amendment/Grant)	$41,499.00				
CONTRACT	Proposed/Original Start Date:	**7/7/2026**	Proposed/Most Recent End Date:	10/23/2026	
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:	RR DONNELLEY AND SONS COMPANY C/O SUSAN SHERIDAN 990 SHINGTON STREET SUITE 118 DEDHAM MA 02026				
Brief Description of Goods/Services/Grant:	MVT-1 Titles Document				

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.

The MVT-1's are Title Documents. They are an integral part of the daily tasks at the Bureau of Motor Vehicle.

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.

RR Donnelly is a trusted vendor who has been awarded the business in previous bids. We awarded a bid to a different vendor once but the quality was so poor we had to destroy them.

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

The quote from RR Donnelly is fair. It is slightly higher than the last bid price we received from them (awarded during a bid process) over a year ago. This increase is reasonable considering the costs of most everything has increased in the past year.

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

Concurrently I am submitting the proper documents to put the next order out to bid.

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.

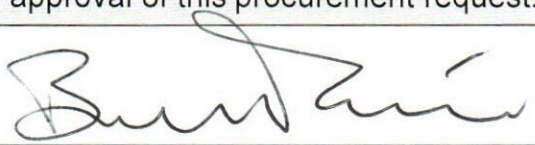
☒ No – If No, proceed to Part V.

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:	Bruno Inacio; Director of Admin Services	Date:	7/9/2026
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:	Catherine Curtis	Date:	7/9/2026

****OSPS Section Only****

Signature of DAFS Procurement Official:			
Typed Name:		Date:	