



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:		Department of Secretary of State, Bureau of Motor Vehicles	
Department Contract Administrator or Grant Coordinator:		Thomas Bull	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 27,209.75	Advantage CT / RQS #:	20230828000000000333
CONTRACT	Proposed Start Date:	Proposed End Date:	
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:		Smartsign/Xpress Tabs Brooklyn, NY.	
Brief Description of Goods/Services/Grant:		Divider tabs for in-house print production; Medical unit books.	

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 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.

For the Bureau of Motor Vehicles, BMV, there are numerous printed goods produced in-house for the various units within the Bureau. The Functional Ability Profiles book is one such item that is produced in the thousands for the Medical unit and is distributed to doctor's offices throughout the state. To produce a professional and functional book, a very particular set of divider tabs were required. After a great deal of review and redesign, Smartsign/Xpress Tabs developed the multi-set tabs that were previously purchased for the book. There is now a need for a larger order of the FAP books with the tabs.

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

For a previous order of these tabs, there was a great deal of time and effort spent to develop a specific set of tabs that was both functional and of a design that was acceptable to the Bureau. Smartsign/Xpress Tabs designed a set of tabs that met the needs of the Bureau; there is now a need to place a larger order, and it is desired to utilize the tabs that have been designed to specification for the Bureau. Smartsign/Express Tabs have proven themselves as qualified and willing to produce this unique and specific item; furthermore, there is a need for more books in a time frame that does not allow time for a competitive bid process.

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

Smartsign/Express Tabs was comparable to other vendors.

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

BMV will continue to review the needs of the Bureau, and as time allows, will go out to competitive bidding for goods and services.

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

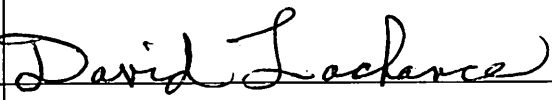
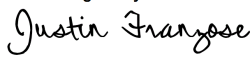
Does this request utilize ARPA/MJRP funds?

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:	David Lachance	Date: 8/10/23
Signature of DAFS Procurement Official:	DocuSigned by:  AEED9C7B3A8044E...	
Typed Name:	Justin Franzose	Date: 8/28/2023