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.

| | | P | AR | T I: OVERVIEW | | | |
|----------------------|------------------------------|----------------------|-----------|--|----------------------------|-----------------------------------|----------------------------|
| Department Offic | ce/Division/P | rogram: | D | ept. Of the Secre | etary of Sta | ate, Elections | Division |
| Department Cont | ract Administ Grant Coor | | J | ulie L. Flynn, Deր | outy Secre | tary of State | |
| (If applicable) Depa | artment Refer | ence #: | N | I/A | | | |
| Agency Depart | tment Code: | | | Advantage CT / | RQS#: | 29A 201712 | 27*2030 |
| (Contract/Amend | Amount: ment/Grant) | \$ 95,00 | 0 | | | | |
| CONTRACT | Proposed/6 Sta | Original rt Date: | 1/ | 11/2018 | | pposed/Most nt End Date: | 12/31/2024 |
| AMENDMENT | New E | ffective Date: | 9/ | 1/2025 | | ew End Date Applicable): | 6/30/2026 |
| GRANT | Project Sta | rt Date: | | | | t Start Date: | |
| OIVAIVI | Project En | d Date: | | | Grai | nt End Date: | |
| Vendor/Prov | ider/Grantee/ City | Name, , State: | | /S, LLC ırners Station, K <mark>`</mark> | Y | | |
| Go | Brief Descri ods/Services | | ac dis | covider will supply cessible electror sabilities and electrorerice | nic absente ctronic abs | ee ballots to vo entee ballots | oters with to uniformed |

| | PART II: JUSTIFICATIO | ON FOR Y | VENDOR SELECTION | |
|-------------|---|-----------|--|----|
| Chec | ck the box below for the justification(s) tha | t applies | to this request. (Check all that apply.) | |
| | A. Competitive Process | | G. Grant | |
| \boxtimes | B. Amendment | | H. State Statute/Agency Directed | Ŋ. |
| \boxtimes | C. Single Source/Unique Vendor | | I. Federal Agency Directed | |
| | D. Proprietary/Copyright/Patents | | J. Willing and Qualified | |
| | E. Emergency | | K. Client Choice | |

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| | 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.

As a result of RFP #201708153 issued in 2017, the State selected IVS, LLC to develop and provide a software service to generate blank absentee ballots to uniformed service and overseas voters (i.e., UOCAVA voters) and to provide credentials for the voters to access their ballots, mark them, and return them to the State. In the Fall of 2020, as a result of a lawsuit, the State had to amend its contract with IVS, LLC to add the capability to generate accessible electronic absentee ballots that could be used by voters with print disabilities to independently mark and return their ballots. Although the lawsuit settlement only covered through the end of 2024, the State must continue to provide accessible ballots pursuant to federal and state laws.

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.

The contract that was awarded as a result of the aforementioned RFP and was extended through December 31, 2024. We have been working on a new RFP, but it is not quite ready to be issued. Moreover, there is not enough time to complete the bid process in time to have a vendor in place to issue ballots for the November 2025 election, which we must do by September 20, 2025. Accordingly, the only way we can comply with the law and the spirit of the prior legal settlement is to extend the contract with IVS LLC. They are the only vendor that has software meeting the State's requirements for accessible absentee ballots for voters with print disabilities as well as for the UOCAVA voters.

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

The vendor's proposal was selected as the best value for the State, and the quoted fee is \$20,000 less than the 2024 cost.

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

We have a strong draft of an RFP which will be submitted to Procurement by the end of October 2025.

| 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

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <u>Title 5, §18</u> and <u>§18-A</u>, in harmony with MRS <u>Title 17, §3104</u>.

☑ The requesting department's signatory understands and acknowledges Maine's Conflict of Interest statutes and, in accordance with statute, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

| Cayarnar/Danartmant Commis | signer or Designee | | |
|--|--|--------------|--------------------|
| Governor/Department Commis | sioner of Designee | | |
| 1. The signature below indica | tes approval of this procurement reque | st. | |
| Signature of requesting Department's Commissioner (or designee): | Julie L. Hyrr | | |
| Typed Name: | Julie L. Flynn, Deputy Secretary of State | Date: | 8/15/2025 |
| signature below indicates a | ed ONLY if box E (Emergency) is selected on the period of the Department's Commiss oprove emergency procurement reques | ioner, or tl | he <u>designee</u> |
| Department's Commissioner (or designee): | | | |
| Typed Name: | | Date: | |
| *OSPS Section Only** Signature of DAFS | Docusigned by: | | |
| Procurement Official: | EA813178102243C | Date: | 9/2/2025 |