



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:		Sec. of State Bureau of Motor Vehicles	
Department Contract Administrator or Grant Coordinator:		Bruno Inacio	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$15,353.60	Advantage CT / RQS #:	RQS 20250804*0203
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:		Lindenmeyr Munroe 190 Riverside Street Portland ME 04103	
Brief Description of Goods/Services/Grant:		Specialty paper	

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.

Lindenmeyr is the only supplier that is able to provide the specific item requested. The product must meet specific requirements, including delivery dates.

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

After researching availability, there were no other vendors found who carry the product or the quantity required, and also no other vendors to meet our timelines.

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

Lindenmeyr quoted \$95.96 per thousand sheets and we need 160,000 sheets in total. Being the only available vendor to meet requirements we were left with no other options.

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

We will work with Purchases to take the appropriate steps toward finding the best value for what is needed while keeping costs down overall.

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.


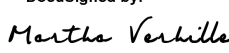
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Bruno Inacio	Date:	8/4/25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>891CE7A1493D45B...</small>		
Typed Name:	Martha Verhille	Date:	9/4/2025