



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, Office of Information Services	
Department Contract Administrator or Grant Coordinator:		Julie L. Flynn, Deputy Secretary of State	
(If applicable) Department Reference #:			
Agency Department Code:	29A	Advantage CT / RQS #:	20250820000000000306
Amount: (Contract/Amendment/Grant)	\$16,791.66		
CONTRACT	Proposed/Original Start Date:	9/6/2025	Proposed/Most Recent End Date: 9/6/2026
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:		Insight Public Sector, INC.	
Brief Description of Goods/Services/Grant:		Dynamicsoft Software License Renewal	

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 checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. Higher Education 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.	
Software Licenses are needed for the application to support Central Voter Registration. These software licenses are required for the application to provide for barcode scanning.	
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.	
Insight Public Sector, INC. State Master Agreement (MA 230705*0001) allows for the purchase of these licenses. This Buyer Purchase Order is necessary due to the current expiration date of the Master Agreement ending prior to the expiration of the license.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
The cost is consistent with the Insight Public Sector, INC. State Master Agreement price list.	
4. Describe the plan for future competition for the goods or services.	
The Office of Information Services will utilize State Master Agreements in the future, or complete a competitive procurement process to procure these services.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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):	Signed by: <i>Julie L. Flynn, Deputy Secretary of State</i> <small>AD052C7F0B73448...</small>		
Typed Name:	Julie L. Flynn, Deputy Secretary of State	Date:	9/9/2025

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):	Signed by: <i>Bruno Inacio, Director of Admins</i> <small>91B3BACD8580480...</small>		
Typed Name:	Bruno Inacio, Director of Administrative Services	Date:	9/10/2025

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: <i>Lauren Mounmouris</i> <small>846CA172C84B487...</small>		
Typed Name:	Lauren Mounmouris, IT Procurement Systems Analyst	Date:	9/10/2025