



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: | | Maine Judicial Branch | |
| Department Contract Administrator or Grant Coordinator: | | Natasha Jensen | |
| (If applicable) Department Reference #: | | | |
| Agency Department Code: | 40A | Advantage CT / RQS #: | 20250926*0552 |
| Amount: (Contract/Amendment/Grant) | \$ 32688.93 | | |
| CONTRACT | Proposed/Original Start Date: | 8/1/2025 | Proposed/Most Recent End Date: 8/31/2025 |
| 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: | | Snowman Printing 1 Printers Drive, Hermon, ME 04401 | |
| Brief Description of Goods/Services/Grant: | | Printed Quarterly Court Forms | |

| 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. 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 | |
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| 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I. | Court forms distributed to courts throughout the state for case processing, documentation and record keeping. Court forms are necessary in order for customers to file paperwork with the court system. |
| 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 court forms need to be printed in bulk due to the courts needing a large amount of the forms. We have a Master Agreement that is currently in the process of being renewed through this vendor. MA 18P 220329*0096. The current vendor is familiar with the forms and with hundreds of complex forms in the courts, which are constantly changing due to legislation, the current vendor provides services that are timely and accurate |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | Snowman Printing has agreed to the terms in the master agreement. |
| 4. Describe the plan for future competition for the goods or services. | The future of needing court forms will significantly decrease do the digital case management system. When the master agreement is no longer able to be renewed, we would go out to RFP. This RQS is being requested due to the current MA being expired and pending renewal. |

| 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) or (026) – 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): | DocuSigned by: <i>Connor Smith</i> 755F068F9C634D0... | | |
|--|---|--|--|

| | | | |
|-------------|--------------|-------|-----------|
| Typed Name: | Connor Smith | Date: | 9/26/2025 |
|-------------|--------------|-------|-----------|

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.

| | | | |
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| Signature of requesting Department's Commissioner (or designee): | | | |
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| | | | |
|-------------|--|-------|--|
| Typed Name: | | Date: | |
|-------------|--|-------|--|

****OSPS Section Only****

| | | | |
|---|--|--|--|
| Signature of DAFS Procurement Official: | DocuSigned by: <i>Martha Verhille</i> 891CE7A1493D45B... | | |
|---|--|--|--|

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|-------------|-----------------|-------|-----------|
| Typed Name: | Martha verhille | Date: | 9/29/2025 |
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