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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:	Office of Employee Health, Wellness, & Workers' Compensation				
Department Contract Administrator or Grant Coordinator:	Shonna Poulin-Gutierrez				
(If applicable) Department Reference #:					
Agency Department Code:	18W	Advantage CT / RQS #:	RQS - 18W- 20260716*98		
Amount: (Contract/Amendment/Grant)	$19,956.00				
CONTRACT	Proposed/Original Start Date:	9/1/2026	Proposed/Most Recent End Date:	7/31/2029	
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:	VC1000075649, RELX INC (DBA LEXIS-NEXIS), 9443 SPRINGBORO PIKE, MIAMISBURG, OH 45342				
Brief Description of Goods/Services/Grant:	Electronic legal and government research				

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	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.

This will allow DAFS access to industry leading legal and government data, as well as analytic solutions that will enhance our product for the State of Maine.

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.

LexisNexis provides a unique, premier service that consists of federal case law, state case law, state trial court orders and administrative decisions. LexisNexis also provides federal and state statutes, legislation, federal and state agency decisions, administrative materials, and other documents, which ensure legal and practice information is up to date and is readily available to the team and avoid duplication of work.

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

The cost of the contract will be $527 per month for the first year, $554 per month for the second year and $582 per month for the third year, which is fair and reasonable.

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

The contract will be evaluated during the final year or extension.

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) or (026) – 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'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.

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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: Shonna Poulin-Gutierrez A26552EFD3404CA...		
Typed Name:	Shonna Poulin-Gutierrez Executive Director	Date:	7/20/2026
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):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: Katie Boynton AE2C1DD1C5434E9...		
Typed Name:	Katie Boynton, Systems Analyst	Date:	9/2/2026

Certificate Of Completion

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Status: Completed
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Document Pages: 3
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Envelope Originator:
Laurie Andre
Laurie.A.Andre@maine.gov
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Signer Events	Signature	Timestamp
Shonna Poulin-Gutierrez Shonna.Poulin-Gutierrez@maine.gov Executive Director State of Maine Security Level: Email, Account Authentication (None)	DocuSigned by: Shonna Poulin-Gutierrez A26552EFD3404CA... Signature Adoption: Pre-selected Style Using IP Address: 74.75.105.12	Sent: 7/20/2026 1:46:59 PM Viewed: 7/20/2026 1:49:30 PM Signed: 7/20/2026 1:49:52 PM

Electronic Record and Signature Disclosure:
Not Offered via Docusign

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/20/2026 1:46:59 PM
Certified Delivered	Security Checked	7/20/2026 1:49:30 PM
Signing Complete	Security Checked	7/20/2026 1:49:52 PM
Completed	Security Checked	7/20/2026 1:49:52 PM

Payment Events	Status	Timestamps