



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Department of Secretary of State, Bureau of Motor Vehicles		
Department Contract Administrator or Grant Coordinator:		Thomas Bull		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 38,643.00	Advantage CT / RQS #:	20231024000000000658
CONTRACT	Proposed Start Date:	11/1/2023	Proposed End Date:	6/30/2024
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:		RR Donnelly, 4101 Winfield Rd. Warrenville, IL 60555		
Brief Description of Goods/Services/Grant:		This RQS is for 300,000 MVT-1 Title 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. 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.

The MVT-1 form, also known as the Certificate of Title, is a complex form with highly exact specifications in order to prevent fraud; the form requires special security paper with a water mark that is only available from one vendor world-wide. The MVT-1 is a mission critical form that is an essential component of motor vehicle regulation. BMV needs a vendor to produce these forms, meeting rigorous design specs and able to deliver on a schedule that meets business needs.

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

RR Donnelly has proven themselves as a capable and reliable vendor for producing the MVT-1; the BMV Titles Division desires to maintain RR Donnelly as the vendor for this form due to the quality of their work, and timeliness of delivery. BMV has used other vendors in the past few years, but there were innumerable problems with both quality and ability to fulfill orders in a timely manner from these other vendors, in fact, an order from another vendor had to be largely destroyed due to poor quality. Because of these problems, the decision was to return to RR Donnelly as the vendor of choice. In addition, BMV has two options on the existing order without going out to bid and is exercising the first option.

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

Rates are comparable to other vendors and in keeping with past orders.

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

Will continue to assess both quality of deliverable and costs for services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)


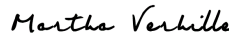
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David Lachance	Date:	10-25-23
Signature of DAFS Procurement Official:	DocuSigned by:  891CE7A1493D45B...		
Typed Name:	Martha Verhille	Date:	10/30/2023