



### 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:		Secretary of State, Bureau of Motor Vehicles	
Department Contract Administrator or Grant Coordinator:		Catherine Curtis, Deputy Director Secretary of State	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ 7,200	Advantage CT / RQS #: 20241121000000000734
CONTRACT	Proposed Start Date:	10/21/2024	Proposed End Date: 10/29/2024
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:		Lisa Kanaris La Café 29 State House Station Augusta, ME 04333	
Brief Description of Goods/Services/Grant:		Employee Appreciation Luncheon	

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
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Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p> <p>The RQS is for providing an employee recognition luncheon.</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p> <p>The provider was selected without a mini bid as this is the current café in the BMV building providing related services.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p> <p>The meal provided is within the daily per diem rate.</p>
<p>4. Describe the plan for future competition for the goods or services.</p> <p>BMV is open to the competitive bid process to this in the future if those options become available.</p>

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
<p>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18 and §18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</p>
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

<b>PART VI: APPROVALS</b>			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):	<i>Catherine Cortis</i>		
Typed Name:	Catherine Cortis	Date:	11/21/24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Michael McNeil</i> <small>7006790FB36A449...</small>		
Typed Name:	Michael McNeil	Date:	11/21/2024

NOI 1120241380