



## 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:		Secretary of State, Bureau of Motor Vehicles	
Department Contract Administrator or Grant Coordinator:		Marc Theberge	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,260.00	Advantage CT / RQS #:	29B 20221206000000000716
CONTRACT	Proposed Start Date:	Proposed End Date:	
	12/6/22	12/30/22	
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, RR Donnelley, 350 17th Street, Monroe, WI 53566	
Brief Description of Goods/Services/Grant:		This RQS is for 24,000 double blue Rapid Renewal 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 checked="" 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.	All Rapid renewal forms recently have been difficult to acquire. In checking the current need against inventory it is clear BMV will not have enough forms to cover the needs for the month of December forward. This shortage combined with the difficulty in acquiring them has created the emergency situation.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Typically there has been only one vendor that can successfully make the Rapid Renewal forms which has been RR Donnelly.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The cost is based on a recent order of the blue Rapid Renewal forms.
4. Describe the plan for future competition for the goods or services.	Normally BMV goes out to bid for these forms as well as all others.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):	<i>David Lachance</i>		
Typed Name:	David Lachance	Date:	12/6/2022
Signature of DAFS Procurement Official:	<i>Martha Verhille</i>		
Typed Name:	Martha Verhille	Date:	12/12/2022