



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:		DAFS/MaineIT/Print		
Department Contract Administrator or Grant Coordinator:		Kyle Pendleton		
(If applicable) Department Reference #:		N/A		
Agency Department Code:	18B	Advantage CT/RQS #:	RQS 20251113*0811	
Amt (Contract/Amendment/Grant):		\$ 11,400.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2027
AMENDMENT	New Effective Date:	Click or tap to enter a date.	New End Date (if Applicable):	Click or tap to enter a date.
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Budget Business Machines Inc. 251 Goddard Road, Lewiston ME 04241-2322		
Brief Description of Goods/Services/Grant:		Xerox PrimeLink C9070 Rental		

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

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

MDOL requests renting this copier for an additional two years. Currently located at 45 Commerce Drive, Suite 11A in Augusta, this machine is used for publications presented from the MDOL to the public, and SOM for making booklets, brochures, flyers, etc. It requires no power upgrade nor additional unit to control color and has adequate drawer configuration. The good condition of the unit makes replacement unnecessary.

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.

Multiple agreements have been established with Budget previously, including MA 18P 21010400*0064, for rental of these Multifunctional Copiers.

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

MaineIT Copy Center uses various models, each with their own rates. This 2-year agreement is based on a monthly rental charge of \$425.00/month over 24 months for a total of \$10,200.00. This saves \$25.00/month from a 1-year commitment.

In anticipation of invoices combining rent and usage, a projected budget of \$1,200.00 has been added, based on average usage over the previous 12 months at the rates indicated on the quote.

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

MaineIT will put this multifunctional copier out to bid using Department of Labor specifications when the contract is up due to precise specifications needed.

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) – 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

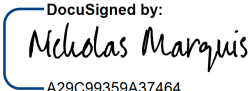
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

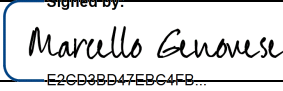
1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	12/5/2025

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.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:			
Typed Name:	Marcello Genovese	Date:	12/5/2025