



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:	Sec of State Bureau of Motor Vehicles		
Department Contract Administrator or Grant Coordinator:	Bruno Inacio		
(If applicable) Department Reference #:			
Agency Department Code:		Advantage CT / RQS #:	RQS 29B 20251211*0955
Amount: (Contract/Amendment/Grant)	\$10,067.40		
CONTRACT	Proposed/Original Start Date:		Proposed/Most Recent End Date:
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:	Lindenmeyr Munroe 190 Riverside Street Portland ME 04103		
Brief Description of Goods/Services/Grant:	Payment of invoice for envelopes		

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.

Lindenmeyr is the only supplier that is able to provide the specific item requested. The product must meet specific requirements, including delivery dates.

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.

After researching availability, there were no other vendors found who carry the product or the quantity required, and also no other vendors to meet our timelines.

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

Lindenmeyr quoted \$55.93 per thousand and we need 180,000 in total. Being the only available vendor to meet requirements we were left with no other options.

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

We will work with Purchases to take the appropriate steps toward finding the best value for what is needed while keeping costs down overall.

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.

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: Bruno Inacio

Date: 12/29/2025

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):

(This section is currently blank for the additional signature.)

Typed Name:

Date:

****OSPS Section Only****

Signature of DAFS
Procurement Official:

DocuSigned by:
Martha Verhille
891CE7A1493D45B...

Typed Name: Martha Verhille

Date: 12/31/2025