



**Master Agreement**

**Effective Date:** 02/23/24

**Expiration Date:** 12/31/24

**Master Agreement Description:** Ballistic vest

**Buyer Information**

Sue Garcia 207-624-7338 ext. SUE.H.GARCIA@MAINE.GOV

**Issuer Information**

Melanie Peterson 207-626-3042 ext. melanie.peterson@maine.gov

**Requestor Information**

Bruce Scott 207-624-8946 ext. bruce.g.scott@maine.gov

**Agreement Reporting Categories**

**Reason For Modification:** adding courts 40A to MA

**Authorized Departments**

16A PUBLIC SAFETY  
09A INLAND FISHERIES & WILDLIFE  
03A CORRECTIONS  
01A AGRICULTURE  
13A MARINE RESOURCES  
40A JUDICIAL DEPT

**Vendor Information**

**Vendor Line #:** 1

**Vendor ID**

VS0000025487

**Vendor Name**

DCF Investigative Services, LLC

**Alias/DBA**

DCF L.E. Supply

**Vendor Address Information**

P.O. Box 44

Auburn, NH 03032  
USA

**Vendor Contact Information**

David C. Flight  
8002096858 ext.  
david@dcflesupply.com

**Commodity Information**

**Vendor Line #:** 1

**Vendor Name:** DCF Investigative Services, LLC

**Commodity Line #:** 1

**Commodity Code:** 68008

**Commodity Description:** Ballistic vest

**Commodity Specifications:** Ballistic Vest.  
Master Agreement for Ballistic Vests. Please see attachment for complete specifications made a part of this MA.

**Commodity Extended Description:** Master Agreement - Ballistic Vests

<b>Quantity</b>	<b>UOM</b>	<b>Unit Price</b>
0.00000		0.00000
<b>Delivery Days</b>	<b>Free On Board</b>	
0		
<b>Contract Amount</b>	<b>Service Start Date</b>	<b>Service End Date</b>
0.00	02/23/24	12/06/24
<b>Catalog Name</b>	<b>Discount</b>	
	0.0000 %	
	<b>Discount Start Date</b>	<b>Discount End Date</b>

Please see authorized signatures displayed on the next page

Each signatory below represents that the person has the requisite authority to enter into this Contract. The parties sign and cause this Contract to be executed.

State of Maine - Department of Administrative and Financial Services

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

David Morris, Acting Chief Procurement Officer

Vendor

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Print Representative Name and Title \_\_\_\_\_