



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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, Information Services	
Department Contract Administrator or Grant Coordinator:		Chris Johnson, Deputy Secretary of State	
(If applicable) Department Reference #:		Support Service # 19031975, CR# 22251768	
Amount: (Contract/Amendment/Grant)	\$ 20,494.80	Advantage CT / RQS #:	20220121000000000819
CONTRACT	Proposed Start Date:	4/5/2022	Proposed End Date: 4/4/2023
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:		Oracle America Inc 500 Eldorado Blvd Broomfield Co 80221	
Brief Description of Goods/Services/Grant:		Oracle Support Renewal	

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

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.

Oracle hardware and software are critical to the operation of the Office of Information Services and the services provided by the Department of Secretary of State, including the Bureau of Motor Vehicles, the Bureau of Corporations, Elections and Commissions, and the Maine State Archives. Without support of Oracle databases, the production of motor vehicle credentials, including licenses, ID cards, title, and registrations, as well as holding elections would be in jeopardy.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The Office of Information Services requires a need directly from Oracle technical assistance with the expertise and maintenance ability to be applied to Oracle technology hardware and software.

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

The costs of the renewal of Oracle licenses is at a slightly lower cost than using a vendor under a Master Agreement contract. We have multiple oracle renewals for FY 22 and FY 23 the cost savings for each renewal will be a greater impact overall.

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

The Office of Information Services will continue to pursue the best price for all Oracle support but at this time, Oracle direct seems to be the best solution for savings and expertise.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)


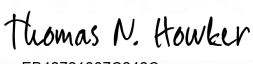
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):			
Typed Name:	Christopher Johnson	Date:	1/25/2022
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>EB42721387C242C...</small> Thomas N. Howker	Date:	2/10/2022