



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:		Department of Administrative and Financial Services/Maine IT/Unix	
Department Contract Administrator or Grant Coordinator:		Chris Boudreau	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 23,040.74	Advantage CT / RQS #:	RQS 18B 20230201-0932
CONTRACT	Proposed Start Date:	2/14/2023	Proposed End Date: 2/18/2024
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:		MYTHICS INC 4525 Main Street Suite 1500 Virginia Beach, VA 23462	
Brief Description of Goods/Services/Grant:		Support for Memory Expansion Kits	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input checked="" type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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 maintenance and support, through Mythics, for middleware equipment. This is for 12 expansion kits for Exalogic which will no longer be needed as of 12/31/2023 and 9 expansion kits for Exadata for a full year.

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

MA 18P 2003120000000000119 was competitively awarded to Mythics, but the support extends beyond the end date of the Master agreement.

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

Click or tap here to enter text.

Pricing per MA 18P 2003120000000000119

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

The Master Agreement, utilized here, will be extended or RFP'd in the future

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

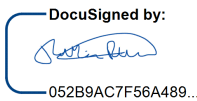
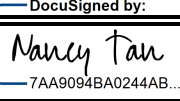
Does this request utilize ARPA/MJRP funds?

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):	 052B9AC7F56A489...		
Typed Name:	Frederick Brittain, Chief Information Officer	Date:	Feb-08-2023
Signature of DAFS Procurement Official:	 7AA9094BA0244AB...		
Typed Name:	Nancy Tan, Deputy Director of IT Procurement	Date:	Feb-08-2023