



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: | | Corrections | | |
| Department Contract Administrator or Grant Coordinator: | | Scott Goulette | | |
| (If applicable) Department Reference #: | | | | |
| Agency Department Code: | 03A | Advantage CT / RQS #: | 20260211*1280 | |
| Amount: (Contract/Amendment/Grant) | | \$ 60,669.89 | | |
| CONTRACT | Proposed/Original Start Date: | 2/1/2026 | Proposed/Most Recent End Date: | 1/31/2027 |
| 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: | | Johnson Controls Fire Protection Westbrook, Maine | | |
| Brief Description of Goods/Services/Grant: | | Software Service Agreements (SSA) for DOC cameras and access controls | | |

| 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.

A properly functioning Security Electronic system is a critical component of the safety and security of residents and staff at all MDOC facilities. We are currently operating without a PM agreement for our cameras, touchscreens and access controls, opting for a pay-as-we-go approach for the time being through our long-term provider, Johnson Controls (JCFP). However, JCFP cannot directly service the FLIR (camera) and CCURE (access controls) software which can only be accessed via SSA agreements with the aforementioned licensing agents.

SSA agreements for the following facilities expired on 1/31/2026 and need to be renewed:

- Maine State Prison - \$11,373.69
- Bolduc Correctional Facility – \$2,839.20
- Maine Correctional Facility (included Women’s Re-entry Center) - \$32,728
- Long Creek Youth Development Center – \$12,803
- Downeast Correctional Facility – \$926.00
- (Mt. View Correctional does not expire until 3/31/2026 so will procure that separately)

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.

The SSA agreements were historically included in the PM contract as a pass-through expense but, as noted above, we are currently operating without a PM contract. The software companies do not sell their licensing agreements in the open market, they are only available through authorized resellers such as JCI. Therefore, we need to procure SSA agreements at the MDOC facilities (named above) where the agreements have expired. JCI, given they have long been the servicing provider for MDOC facilities, is the obvious choice from which to purchase the needed licenses.

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

Johnson Controls, being an authorized reseller of said licensing agreements, has provided quotes for each facility. The cost proposed under this agreement is approximately 25% less than last year which is surprising but obviously acceptable to the Department.

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

The Department is currently exploring other options to procure long-term maintenance and support through competitive bid methods, which will potentially open up alternate servicing options.

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

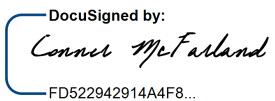
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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: | Conner McFarland | Date: | 2/19/2026 |

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: | Katie Boynton, Systems Analyst | Date: | 2/19/2026 |