



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, Bureau of Motor Vehicles, Information Services	
Department Contract Administrator or Grant Coordinator:		Chris Johnson, Deputy Secretary of State Chief Information Officer	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$22,134.38	Advantage CT / RQS #:	2023031000000001093
CONTRACT	Proposed Start Date:	4/5/2023	Proposed End Date: 04/05/2024
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:		Oracle America 500 El Dorado Blvd Broomfield, CO 80021	
Brief Description of Goods/Services/Grant:		Annual 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. Lack of Oracle support for our Oracle databases would jeopardize the state's ability to serve the public, from issuance/renewal of motor vehicle credentials, including licenses, ID cards, titles and registrations, to municipal and state level voter registration and management of elections. This renews support on 2 Oracle Enterprise Licenses in contract 19031975, of the 4 licenses we have in total.

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 Oracle technical assistance with the expertise and maintenance ability to be applied to Oracle technology hardware and software, and assist in resolving bugs or other issues with software that Oracle produces, thus is uniquely able to diagnose and correct.

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 lower when purchased directly from Oracle than from a Value-Added Reseller

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 whether that be purchasing directly from Oracle or working with a Value-Added Reseller but at this time the cost for renewal is much lower from Oracle.

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

Does this request utilize ARPA/MJRP funds?

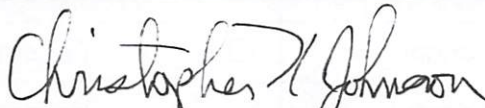
Yes – If Yes, please attach the approved Business Case(s).

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):



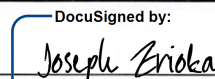
Typed Name:

Christopher K. Johnson

Date:

3/15/2023

Signature of DAFS  
Procurement Official:

DocuSigned by:  


Typed Name:

Joseph Zrioka, Director of IT  
Procurement

Date:

3/18/2023