



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:		Dept. of Public Safety, Drug Enforcement Agency	
Department Contract Administrator or Grant Coordinator:		Director Rick Desjardins	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 48,800.00	Advantage CT / RQS #:	20230320000000001159
CONTRACT	Proposed Start Date:	3/7/2023	Proposed End Date: 3/6/2024
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:		Cellebrite USA Inc 7 Campus Dr., Suite 21 Parsippany, NJ 07054	
Brief Description of Goods/Services/Grant:			

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 checked="" 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.

In 2014, the Agency acquired two (2) Cellebrite UFED Ultimate units for use to enhance its investigative capabilities through a competitive bidding process. The software licensing of the unit and dongles to access analyzing applications and directory is updated annually providing the latest additions in smartphone technology. MDEA renewed the license in 2015 and 2016, and again in 2017 for a 3-year period to keep up to date with emerging technology. In 2018, the agency purchased six (6) additional UFED units through a federal grant in 2019 secured license renewals for those units for a one-year period. The agency purchased licenses for 2021 and 2022 in order to allow the updated operation of the units. For 2023, license renewals for all eight units must be secured to continue their use as done in previous years.

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

Cellebrite USA Inc is the sole developer and provider of the UFED Forensic System. Cellebrite USA Inc was established in 1999 and has been selling direct for the past 13 years and does not sell to any first source, GSA or other resellers.

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

The cost per unit licensing is \$ 6,100.00 X 8 units = \$48,800.00

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

None, as proprietary software update licensing required to utilize the Cellebrite UFED Ultimate.

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.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):	<i>Derek A Gornseau</i>		
Typed Name:		Date:	Mar 21, 2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Nancy Tan</i> <small>7AA9094BA0244AB</small>		
Typed Name:	Nancy Tan Deputy Director for IT Procurement	Date:	Mar-24-2023


2023Cellebrite LicenseRenewal(PJF)3.8.2023


Final Audit Report


2023-03-21


Created:	2023-03-20
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