



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:		DAFS/MaineIT	
Department Contract Administrator or Grant Coordinator:		Dawanna Pease	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	18B	Advantage CT/RQS #:	RQS 20260212*1299
Amt: (Contract/Amendment/Grant)		\$62,958.60	
CONTRACT	Proposed/Original Start Date:	5/1/2025	Proposed/Most Recent End Date: 4/30/2028
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:		EchoStor Technologies LLC 220 Norwood Park S Ste 201, Norwood MA 02062	
Brief Description of Goods/Services/Grant:		Pure FlashArray Forever Premium Subscription	

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.	<p>This subscription provides software and hardware support for our existing enterprise infrastructure. Software support covers code upgrades, security patches, bug fixes, functionality adds, etc. Hardware support covers replacement parts/components as hardware failures occur.</p>
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.	<p>This agreement replaces Cybernorth BPO 18B 20250428000000001402. Cybernorth was acquired by EchoStor and requires this agreement to be moved under the new vendor code.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The open balance from BPO 18B 20250428000000001402 has been transferred to this new agreement. Pricing per Cybernorth MA 18P 19090600000000000039. A Master Agreement with EchoStor has not been established as of yet.</p>
4. Describe the plan for future competition for the goods or services.	<p>The State of Maine is currently working on a new Master Agreement with Echostor for 1 year while we complete an RFP for the overall services needed.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

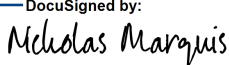
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<p><i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i></p>	
<input checked="" type="checkbox"/> 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):	DocuSigned by:  A29C99359A37464...		
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	3/9/2026
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 <u>designee specifically authorized to approve emergency procurement requests</u> .			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by:  2A1D91BCA418470...		
Typed Name:	John Spier	Date:	3/9/2026