



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:		Public Safety- SBI	
Department Contract Administrator or Grant Coordinator:		Matt Ruel Starla Dorval	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ 7,909.00	Advantage CT / RQS #: RQS 16A 20240403*1430
CONTRACT	Proposed Start Date:	5/28/2024	Proposed End Date: 5/27/2025
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:		Morpho USA, Inc. d/b/a Idemia Identity & Security USA, LLC Anaheim, CA	
Brief Description of Goods/Services/Grant:		Maintenance and Support Agreement	

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.

We have been using the MorphoTrak Livescans dating back to 2006 when the MSP partnered with NH and Vermont to take advantage of a Tri-State partnership where all three states benefited from sharing the costs of a AFIS system. The Maine State Police, with the assistance of grant funds, purchased numerous Livescans for state and local police stations strategically located across our state to ensure that we had a working system with which to share fingerprints and other identifiable data and information with each other within our state as well as sharing information to and from our partners in our neighboring states. Technology has evolved and the Maine State Police is looking to replace the 22 current livescans with newer units that offer additional and enhanced image capabilities. Although we placed the equipment throughout the state, local police stations found it a financial burden to pay for the maintenance and sometimes this burden would be too much, and the equipment would not be functioning properly or not at all. This time, to ensure that our network, and the citizens it protects, remains usable, these new machines being replaced all have full maintenance coverage included. This will ensure that this vital network is and remains fully functional.

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

Our need to use MorphoTrak Livescans has not changed. Since the Livescan and fingerprint software is proprietary the devices can't be purchased from anyone other than our current vendor. Additionally, these Livescans are connect to a shared system with NH and VT and their system does not allow transfer of information to or from other Livescan devices as they use the same proprietary algorithms.

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

These are normal ongoing fees that are consistent between all customers, and with the new system they have actually decreased.

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

We are currently in the middle of a 10-year contract for this system. As we approach the end of the contract we will review with our other partner states and vote on the future direction of the Tri-State partnership as well as sharing an integrated AFIS system.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.


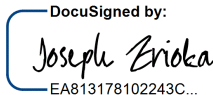
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges [MRS Title 5, §18-A, 2.](#)

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 Michael Sauschuck (Apr 3, 2024 08:00 EDT)		
Typed Name:	Michael Sauschuck	Date:	Apr 3, 2024
Signature of DAFS Procurement Official:	 DocuSigned by: Joseph Zrioka EA813178102243C...		
Typed Name:	Joseph zrioka Director of IT Procurement	Date:	4/29/2024






PJF Idemia May24-25

Final Audit Report

2024-04-03

Created:	2024-04-03
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