



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 \$5,000 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:		Jennifer Michaud	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 8,910.00	Advantage CT / RQS #:	03A 20250410*1473
CONTRACT	Proposed Start Date:	3/15/2025	Proposed End Date: 3/14/2026
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:		Computer Projects of Il., Inc 400 Quadrangle Drive Suite F Bolingbrook, IL 60440	
Brief Description of Goods/Services/Grant:		Maintenance renewal of Messenger licenses	

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. Emergency	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. University Cooperative Project	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

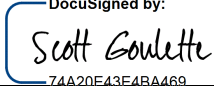
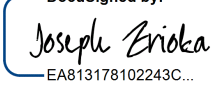
Please respond to ALL of the questions in the following sections.

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.	
	The Department has several Messenger licenses and is required to pay an annual maintenance fee for each license. This request is the annual maintenance renewal for those licenses. These licenses are used for METRO/NICI access used to run background checks on potential employees, contractors, etc.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
	This is a purchase request for something that is proprietary to the vendor. Future purchases will have to come from the same vendor
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
	The vendor sets the price for the license maintenance. As with most software license maintenance costs there was an increase from last year to this year that equates to approximately 5%.
4. Describe the plan for future competition for the goods or services.	
	This is a purchase request for something that is proprietary to the vendor. Future purchases will have to come from the same vendor

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) – 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	
<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>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.	

PART VI: APPROVALS	
The signatures below indicate approval of this procurement request.	

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  74A20E43E4BA469		
Typed Name:	Scott Goulette, Financial Analyst	Date:	4/10/2025
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	4/16/2025

The service is not proprietary. Other vendors could bid for the service. Please post.