



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:		Corrections	
Department Contract Administrator or Grant Coordinator:		Joseph Couture	
(If applicable) Department Reference #:		NA	
Agency Department Code:	03A	Advantage CT / RQS #:	20211209*1453
Amount: (Contract/Amendment/Grant)		\$24,750.00	
CONTRACT	Proposed/Original Start Date:	4/1/2022	Proposed/Most Recent End Date: 3/31/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable): 6/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		ProVision Solutions, LLC Byron Center, Michigan	
Brief Description of Goods/Services/Grant:		Lapel cameras purchase, licensing and support.	

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 checked="" 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.

The Department of Corrections uses audio recording, video recording, or both forms of recording technology, as well as digital photography, to assist in promoting safety and enhancing security on and off facility grounds. This video can be used for internal discipline and evidentiary proceedings, uses of force, and both high risk and general transports.

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.

Pro-Vision Solutions is the current contracted vendor for body cameras with DOC. This amendment to extend the current Pro-Vision contract will allow these services to continue while DOC negotiates and finalizes the new contract awarded via RFP# 202507106.

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

The subscription monthly price per camera remains at the current contract price of \$55/camera.

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

As stated above, this extension is to allow more time for DOC to finalize a new contract that was awarded through an RFP. The Department will continue to issues RFPs for these services as required by OSPS.

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) or (026) – 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

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](#).

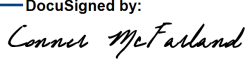
The requesting department’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their

knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

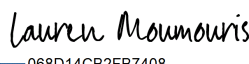
PART VI: APPROVALS

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:  FD522942914A4F8...		
Typed Name:	Conner McFarland	Date:	3/16/2026
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:	DocuSigned by:  068D14CB2FB7408...		
Typed Name:	Lauren Mounouris, IT Procurement Systems Analyst	Date:	3/27/2026