



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/OIT/Information Security Office	
Department Contract Administrator or Grant Coordinator:		Charles Rote	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	18B	Advantage CT/RQS #:	RQS 20260401*1548
Amt: (Contract/Amendment/Grant)		\$ 129,433.85	
CONTRACT	Proposed/Original Start Date:	5/31/2026	Proposed/Most Recent End Date: 5/30/2027
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:		SHI International 300 Davidson Avenue, Somerset, NJ 08873	
Brief Description of Goods/Services/Grant:		VMRay Bundle 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 checked="" 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 bundled VMRay solution delivers both DeepResponse Unlimited and FinalVerdict Unlimited, providing the State of Maine with a comprehensive malware analysis and automated threat-verdict platform. DeepResponse offers an in-depth investigation of suspicious files, URLs, and email artifacts through advanced dynamic and static analysis while FinalVerdict provides rapid, automated determinations that reduce alert fatigue and accelerate SOC triage workflows.</p> <p>The bundle includes Gold Support for both modules, ensuring priority assistance, expert guidance, and timely issue resolution for the cloud-based services. These capabilities supply the security team with both deep forensic insight and high-volume automated threat processing. The combined solution strengthens incident response, improves triage efficiency, and enhances the overall effectiveness of security operations.</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>MA 18P 23031718022600000000000112 is based on the NASPO ValuePoint Solicitation CTR060028. This was competitively awarded to SHI International, but this agreement extends beyond the expiration of the MA.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Pricing per MA 18P 23031718022600000000000112.</p>
4. Describe the plan for future competition for the goods or services.	<p>Future competition for these goods and services will be procured through participation in NASPO ValuePoint solicitations or through the State of Maine RFP process.</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

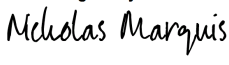
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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:  <small>A29C99359A37464...</small>		
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	4/9/2026

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 designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by:  <small>E2CD3BD47EBC4EB...</small>		
Typed Name:	Marcello Genovese	Date:	4/10/2026