



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:		Marine Resources/Division of Ecology and the Environment/Maine Coastal Mapping Initiative	
Department Contract Administrator or Grant Coordinator:		Peyton Benson / HQ-Finance	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,028.00	Advantage CT / RQS #:	13A 20240426000000001535
CONTRACT	Proposed Start Date:	4/30/2024	Proposed End Date: 12/31/2024
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:		Quality Positioning Services Inc, Portsmouth, NH	
Brief Description of Goods/Services/Grant:		Annual Support License for Hydrographic Survey Software	

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.

The described purchase allows MCMI to continue its support and maintenance license with softwares provided by Quality Positioning Services (QPS), which are used by the program to conduct hydrographic surveys throughout the Gulf of Maine. This annual fee allows the program to receive support for technical issues, guidance for workflow improvements, and access to new releases of each software described in the provided invoice. This service is necessary to maintain smooth operation of survey systems throughout the year, as without it, the program cannot receive bug fixes and will incur significantly increased downtime if technical issues arise. Lack of this service will lead to reduced increased vessel down-time, reduced survey coverage, and waste of DMR staff man-hours exceeding the cost of services.

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

QPS is the only vendor that can provide this service, as they are the manufacturer of the softwares for which the maintenance and support licenses are issued.

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

Costs provided are in line with or better than other survey software support licenses available in the industry. The cost to change survey suites and add support licenses would well-exceed the quoted costs due to the existing software fees having already been purchased by the state.

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

When the subscription timeline ends, the department intends to reevaluate existing options to determine if a more cost-effective model exists, while providing the same services.

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.


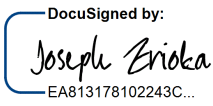
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):	 Carl Wilson (Apr 27, 2024 11:28 EDT)		
Typed Name:	Carl Wilson	Date:	04/27/24
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	5/14/2024

PJF RQS 20240426-1535

Final Audit Report

2024-04-27

Created:	2024-04-26
By:	Mickenzy Breton (mickenzy.breton@maine.gov)
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