

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		AOC		
Department Contract Administrator or Grant Coordinator:		Gwen DeCicco		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 8081.41	Advantage CT / RQS #:	2020060400000001331	
CONTRACT	Proposed Start Date:	1/2/20	Proposed End Date:	4/1/20
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:		Oracle America INC. PO Box 203448 Dallas TX 75320 HQ: Oracle America INC, 500 Oracle Parkway, Redwood Shores, CA 94065		
Brief Description of Goods/Services/Grant:		Oracle license and support		

PART II: JUSTIFICATION FOR VENDOR SELECTION				
Mark an "X" before 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

PART III: SUPPLEMENTAL INFORMATION				
Please respond to ALL of the following:				
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.				

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PART III: SUPPLEMENTAL INFORMATION

This software is used to for the courts CMS.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Oracle has changed their billing format away from outside consultants to direct payment to Oracle.

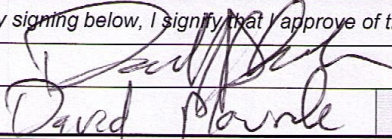
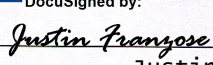
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The pricing is comparable to other vendors for similar products.

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

The MJB is moving to Microsoft shop and will no longer need Oracle in the future.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
			
Printed Name:	David Bourne	Date:	6/4/20
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	Justin Franzose <small>AEED9C7B3A8044E...</small>	Date:	6/11/2020