



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:		DAFS/IT/CSC Software		
Department Contract Administrator or Grant Coordinator:		Candise Colfer		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 5,925.00	Advantage CT / RQS #:	RQS 18B 20220621-1493
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a date.
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:		Servicestar Document Management, LLC 96 Stillmeadow Dr Guilford, CT 06437		
Brief Description of Goods/Services/Grant:		Digital Microfilm Scanner-PRO 6623		

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.

All applications for licensure are archived on microfilm and any applications prior to 2016 are not available in an electronic format. The Board of Medicine is currently a member of an interstate compact and, as such, needs to verify information from applications prior to 2016. The microfilm reader will enhance our ability to provide that verification in a timely manner.

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

Reached out to State of Maine vendors and none of them sold this equipment.

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

Requested a quote from Servicestar Document Management, LLC for cost of the equipment

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

This will be a one time purchase as the need diminishes each year.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

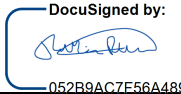
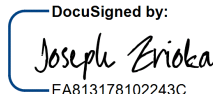
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 052B9AC7E56A489		
Typed Name:	Frederick Brittain, Chief Information Officer	Date:	6/24/2022
Signature of DAFS Procurement Official:	 EA813178102243C		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	6/24/2022