



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:		Corrections, Central Office		
Department Contract Administrator or Grant Coordinator:		Scott Goulette		
(If applicable) Department Reference #:		Click or tap here to enter text.		
Amount: (Contract/Amendment/Grant)		6,540	Advantage CT / RQS #:	03A 20130515*3854
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:	5/15/2013	Effective Date:	7/1/2022
	Previous End Date:	6/30/2022	New End Date:	6/30/2023
GRANT	Project Start Date:	Click or tap to enter a date.	Grant Start Date:	Click or tap to enter a date.
	Project End Date:	Click or tap to enter a date.	Grant End Date:	Click or tap to enter a date.
Vendor/Provider/Grantee Name, City, State:		Bi2 Technologies Plymouth, Massachusetts		
Brief Description of Goods/Services/Grant:		Iris Biometric Identification Technology and Services		

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. 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 Department is seeking an extension to the original contract which terminates on June 30, 2022. The IRIS biometric system has proven to be a valuable security tool for the Department. Elimination of this service would present a risk to Department security staff in their efforts to accurately identify inmates upon intake and release.

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

The incumbent vendor has developed and maintains the only national, web-based iris biometric network and database. No other organization, public or private, has developed or implemented this capability. Until other competitors emerge onto the national scene, the Department will be seeking a waiver of competitive bid to continue using this provider's unrivaled service.

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

Two years back the Department negotiated a cost which was 20% less than the previous year for the identical number of licenses and service. Said cost is held steady for this renewal term which the Department considers to be fair and reasonable.

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

Until other competitors emerge onto the national scene, the Department will be seeking a waiver of competitive bid for continue using this provider's unique and unrivaled service.

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


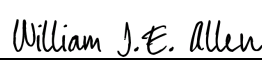
Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:	Click or tap here to enter text.	Date:	Click or tap to enter a date.
Signature of DAFS Procurement Official:			
Typed Name:	Click or tap here to enter text.	Date:	Click or tap to enter a date. 6/27/2022

william J.E. Allen

NOI 0620220639 06/27/2022 - 07//04/2022