



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		
Department Contract Administrator or Grant Coordinator:		Scott Goulette		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$6,540	Advantage CT / RQS #:	03A 20230608*3604
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2024
AMENDMENT	Original Start Date:	Click or tap to enter a date.	Effective Date:	Click or tap to enter a date.
	Previous End Date:	Click or tap to enter a date.	New End Date:	Click or tap to enter a date.
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End 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 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

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 has been under contract with this vendor since 2013 and has found them to be a reliable partner. 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 platform.

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

The cost for this service, which includes a 20% discount, is again 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)

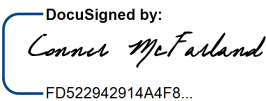
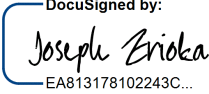
Does this request utilize ARPA/MJRP funds?

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:	Conner McFarland, Manager of Correctional Operations	Date:	6/29/2023
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka, Director IT Procurement	Date:	6/29/2023