

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES OFFICE OF STATE PROCUREMENT SERVICES STATE OF MAINE

# **PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) <u>over \$10,000</u> submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW						
Department Office/Division/Program:			DAFS/MaineIT/Client Tech			
Department Contract Administrator or Grant Coordinator:			Joy Lazore			
(If applicable) Department Reference #:			N/A			
Agency Department Code: 18B		Advantage CT / RQS # : RQS 20250716*0115			*0115	
Amount: (Contract/Amendment/Grant \$24,966		6.48				
CONTRACT	Proposed/Original Start Date:		7/9/2025	Re	Proposed/Most ecent End Date:	6/30/2026
AMENDMENT	New Effective Date:				New End Date (if Applicable):	
GRANT	Project Start Date: Project End Date:				Frant Start Date: Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		HP Inc. 3800 Quick Hill Rd, BLDG 2 Ste 100, Austin TX 78728				
Brief Description of Goods/Services/Grant:			(11) HP ZBook G11 Mobile Workstations & Support			

	PART II: JUSTIFICATION FOR VENDOR SELECTION				
Check the box below for the justification(s) that applies to this request. (Check all that apply.)					
	A. Competitive Process		G. Grant		
	B. Amendment		H. State Statute/Agency Directed		
$\boxtimes$	C. Single Source/Unique Vendor		I. Federal Agency Directed		
	D. Proprietary/Copyright/Patents		J. Willing and Qualified		
	E. Emergency		K. Client Choice		
	F. Higher Education Cooperative Project		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.

We are purchasing 11 new Laptops for DOT to meet the users needs while other devices are out of support.

 Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

State MA expired on 6/30/2025, but an extension is being worked on as NASPO has extended until 6/30/2028, which is the basis of MA 18P 23071200000000000007.

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

Pricing per MA 18P 230712000000000000.

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

NASPO has extended the agreement to 6/30/2028 but only one year extensions are available. The extension to 6/30/2026 is currently being worked on.

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

Does this request utilize ARPA/MJRP funds?

 $\Box$  Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

 $\Box$  Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

 $\boxtimes$  No – If No, proceed to Part V.

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

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <u>Title 5, §18</u> and <u>§18-A</u>, in harmony with MRS <u>Title 17, §3104</u>.

☑ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS						
The signature below indicates approval of this procurement request.						
Signature of requesting Department's Commissioner (or designee):	DocuSigned by: Mcholas Marquis A29C99359A37464					
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	7/17/2025			

# PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.				
Signature of requesting Department's Commissioner				
(or designee):				
Typed Name:		Date:		

Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	7/17/2025