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) over $10,000 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/OIT/Network Services			
Department Contract Administrator or Grant Coordinator:	Brian Oliver			
(If applicable) Department Reference #:	N/A			
Agency Department Code:	18B	Advantage CT/RQS #:	RQS 20260624*2008	
Amt: (Contract/Amendment/Grant)	$ 10,352.50			
CONTRACT	Proposed/Original Start Date:	**2/10/2026**	Proposed/Most Recent End Date:	2/9/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Ace Office Supplies 1955 Katie Hill Way, Windermere FL 34786			
Brief Description of Goods/Services/Grant:	APC DCExpert Renewal			

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
☒	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.

DCExpert is required to remotely monitor and manage the power equipment throughout the State of Maine environment. The license is used to operate the equipment which is purchased through ACE and supported through the distributor.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

This software was previously purchased under ACE MA 18P 23122700000000000066. However, this MA was established only for equipment so a renewal will not be possible. While MaineIT worked with vendor over several months to determine next steps, ACE has been providing access to our license in good faith without invoicing the SoM.

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

This agreement is based on ACE quote 40704152026, covering the cost of usage since early February.

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

Network Services intends to move to a cloud-based version of DCExpert and needs time for EA approval and migration of existing data. This agreement serves as a stopgap measure to allow time to determine what is needed for migration and to decide through which vendor this software will be purchased going forward.

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

Does this request utilize ARPA/MJRP funds?

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

☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ 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 Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: Nicholas Marquis A29C99359A37464...		
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	8/3/2026

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: John Spier 2A1D91BCA418470...		
Typed Name:	John Spier	Date:	8/3/2026