



### 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:		Dept. of Public Safety- Fire Marshal's Office	
Department Contract Administrator or Grant Coordinator:		Gregory Day- Assistant Fire Marshal	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)		\$ 7392.60	Advantage CT / RQS #: RQS 20240820*228
CONTRACT	Proposed Start Date:	9/19/2024	Proposed End Date: 9/18/2025
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:		Tracker Products LLC PO BOX 1026 Florence, KY 41022	
Brief Description of Goods/Services/Grant:		Tracker SAFE "Cloud Based" CAL License	

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.

Tracker SAFE is the evidence tracking system of the Office of State Fire Marshal. Upon receipt of evidence collected at fire scenes it is entered into the evidence management system and allows for the chain of evidence while it is in or out of our custody.

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

Tracker SAFE is the evidence tracking system used by all law enforcement agencies with the Department of Public Safety and the State Crime Lab. The use of the same product streamlines efficiencies, enables better communication between departments, and ultimately improves safety.

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

Tracker SAFE pricing is comparable to other vendors, but the Tracker SAFE system meets all of the agencies needs where others do not. The price of this service increase by 5% since last year.

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

As needed, the law enforcement agencies within the Department of Public Safety will solicit and review other products to determine if they can meet our needs. At the present time, Tracker SAFE meets all Department of Public Safety agency needs.

**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) – 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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Derek Gosman	Date:	8/30/24
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 2px;"><small>DocuSigned by:</small>  <small>EA813178102243C...</small></div>		
Typed Name:	Joseph Zrioka      Director of IT Procurement	Date:	9/10/2024