



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:		DPS/ MSP-Computer Crimes Unit		
Department Contract Administrator or Grant Coordinator:		Lt. Jason Richards Starla Dorval		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 6,406.22	Advantage CT / RQS #:	RQS 16A20231003*550
CONTRACT	Proposed Start Date:	12/5/2022	Proposed End Date:	12/31/2022
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:		Kennebec County Sheriff Office Augusta, ME		
Brief Description of Goods/Services/Grant:		Computer Crimes Agent pay		

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.

This is a one-time payment. We have a contract going forward.

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

KSO has been supplying CCU with agents for the past 5yrs.

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

This is grant funded by ICAC.

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

Going forward we have a CT 16A 20230112*1881

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

Does this request utilize ARPA/MJRP funds?

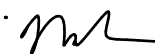
Yes – If Yes, please attach the approved Business Case(s).

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):


[Michael Sauschuck \(Oct 4, 2023 10:02 EDT\)](#)


Typed Name:

Michael J. Sauschuck

Date:

Oct 4, 2023

Signature of DAFS
Procurement Official:

DocuSigned by:

EA813178102243C...

Typed Name:

Joseph Zrioka Director of IT Procurement

Date:

10/10/2023






Procurement Justification Form (PJF)_REV 4.4.2023 (5)

Final Audit Report

2023-10-04

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