



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 \$5,000 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:		Department of Agriculture, Conservation and Forestry	
Department Contract Administrator or Grant Coordinator:		Greg Miller	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 12,058.20	Advantage CT / RQS #:	RQS 01A 20241016-0582
CONTRACT	Proposed Start Date:	11/13/2024	Proposed End Date: 11/13/2025
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:		Avenza Systems Inc, 84 Merton Street, Toronto, ON M4S 1A1 Canada	
Brief Description of Goods/Services/Grant:		Renewal of Avenza Maps Pro app for staff use on smart devices	

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.

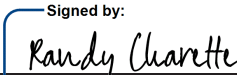
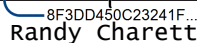
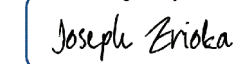
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	DACF uses the Avenza mapping app to load GIS specialized georeferenced maps created in house for field work: laying out roads, trails, harvest areas for timber, recreational resource inventories, and Best Management Practices checklist for inspections of harvest work. All work would be halted until an alternative application could be procured.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Currently, there are no known alternatives to replacing this app at this time.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	This is the cheapest application found to perform the job duties required. DACF is receiving bulk purchase pricing.
4. Describe the plan for future competition for the goods or services.	DACF is always searching for new applications that have been developed that could perform the same or better task that would fit our needs.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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):	 Signed by:		
Typed Name:	 Randy Charette	Date:	10/17/2024
Signature of DAFS Procurement Official:	 DocuSigned by:		
Typed Name:	Joseph Zrioka, IT Procurment Director	Date:	10/11/2024

The vendor is on the list of services from the State's Master agreement with Insight Public Sector. Before the renewal in November of 2025, please establish an agreement with the vendor to meet competitive bidding statute.