



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:		Secretary of State, Bureau of Motor Vehicles, Information Services	
Department Contract Administrator or Grant Coordinator:		Jeff Bennett, Senior Technical Support Specialist, Help Desk	
(If applicable) Department Reference #:			
Agency Department Code:	29B	Advantage CT / RQS # :	20250916000000000440
Amount: (Contract/Amendment/Grant		\$39,615.28	
CONTRACT	Proposed/Original Start Date:	<b>10/15/2025</b>	Proposed/Most Recent End Date: 10/14/2026
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:		ThreatDown Santa Clara, CA 95054	
Brief Description of Goods/Services/Grant:		ThreatDown is a suite of cybersecurity solutions for businesses to prevent attacks and remove malware.	

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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION	
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>	<p>The ThreatDown software (formally known as Malwarebytes) helps to protect our endpoints from cybersecurity threats and malware infections. It offers a range of services designed to simplify IT security by combining multiple protection layers into a single, easy-to-manage platform. Each endpoint runs the ThreatDown agent that monitors and protects against these threats. The hosted platform gives our Admins an overview of all endpoints and alerts to anything unusual that may be running on our endpoints.</p>
<p>2. 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.</p>	<p>SHI International Corp. (MA 181105*0057) allows for the purchase of this software. The Buyer Purchase Order is necessary due to the current expiration date of the Master Agreement ending prior to the expiration of the coverage end date.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>	<p>The cost is consistent with the SHI International Corp. State Master Agreement terms.</p>
<p>4. Describe the plan for future competition for the goods or services.</p>	<p>The Office of Information Services will utilize State Master Agreements in the future or complete a competitive procurement process to procure these services.</p>

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

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<p>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <u>Title 5, §18 and §18-A</u>, in harmony with MRS <u>Title 17, §3104</u>.</p>	

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):			
Typed Name:	Bruno Inacio	Date:	9/24/25

**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:	Signed by:  AE2C1DD1C5434E9...		
Typed Name:	Katie Boynton, Systems Analyst	Date:	10/8/2025