



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:		Secretary of State, Information Services		
Department Contract Administrator or Grant Coordinator:		Chris Johnson- Deputy Secretary of State Chief Information Officer		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 7366.38	Advantage CT / RQS #:	20211027000000000470	
CONTRACT	Proposed Start Date:	12/01/2021	Proposed End Date:	11/30/2022
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:		DLT Solutions LLC 2411 Dulles Corner Park Suite 800 Herndon, VA 20171		
Brief Description of Goods/Services/Grant:		Annual Renewal for TOAD for Oracle		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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.

The Office of Information Services uses Tools for Oracle Application Development or TOAD to develop, manage and maintain its Oracle databases. TOAD is used to manage relational and non-relational databases using SQL. TOAD provides for automated code testing and code analyses. Since the departments operations are dependent upon its Oracle databases, TOAD is essential to the services and products provided by the Department to Maine residents and the business community.

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

TOAD is proprietary software which is owed by Quest Software. TOAD products cannot be purchased through Quest Software but rather must be purchased from a third-party reseller. Since TOAD is proprietary software, it can only be purchased through Quest Software's appointed Value-Added Resellers.

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

The cost for the annual renewal of the TOAD products has increased 5% since last year. This is a fair and reasonable increase for these services

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

The Office of Information Services could be open in the future to the competitive bidding process for software and hardware. However, when Information Services did go out to bid previously, no vendors bid on this product.

PART IV: VENDOR STATUS

Is the vendor currently working?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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PART V: 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 VI

PART VI: APPROVALS

Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
			
Printed Name:	Christopher R. Johnson	Date:	10-28-2021
Signature of DAFS Procurement Official:			
Printed Name:	Joseph Zrioka	Date:	11/4/2021