



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:		Department of Public Safety, Computer Crimes Unit	
Department Contract Administrator or Grant Coordinator:		Lt. Scott Ireland Joseph Wilson	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 37,000.00	Advantage CT / RQS #:	RQS 16A 20211220*0682
CONTRACT	Proposed Start Date:	12/22/2021	Proposed End Date: 12/21/2021
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:		Cellebrite, Inc. 7 Campus Drive, Suite 210 Parisppany, NJ 07054 Judline Tumson judline.tumson@cellebrite.com	
Brief Description of Goods/Services/Grant:		Cellebrite software maintenance support	

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 checked="" 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.

Cellebrite UFED (Universal Forensic Extraction Device) is the primary Smartphone/cell phone/mobile device forensic extraction tool used by the Maine State Police Computer Crimes Unit (and the vast majority of computer forensic units throughout law enforcement).

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

Cellebrite, Inc is the provider of Cellebrite UFED and its proprietary software. As the provider for this proprietary device/software package, Cellebrite USA, Inc. is uniquely qualified to provide updates and maintenance of the software.

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

The cost is determined by the company providing this proprietary service. These renewal fees will be fully funded from current ICAC grant funds.

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

The Maine State Police Computer Crimes Unit routinely evaluates new forensic software tools in an ongoing effort to further our capabilities to extract critical data from the myriad of digital components (smart phones, tablets, game stations, cameras, etc.) that are in use and may be developed for future use (and unfortunately misuse) by consumers. The Unit has, on occasion, been used as a beta-test site for new forensic software. We do this to improve our work product and spur improvement within the computer forensic field. Cellebrite is a known industry standard in mobile forensic examination tools.

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

Typed Name:

Michael Sauschuck

Date:

Dec 21, 2021

Procurement Justification Form (PJF)

Signature of DAFS Procurement Official:	DocuSigned by: <i>Joseph Zrioka</i> <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka	Date:	12/29/2021






PJF Cellebrite

Final Audit Report

2021-12-21

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