



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, Bureau of Motor Vehicles, Information Services		
Department Contract Administrator or Grant Coordinator:		Darren Henderson, Director of Infrastructure and Cyber Security		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$24,500	Advantage CT / RQS #:	2022121200000000739
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	
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:		WGTech 207 Larrabee Rd Westbrook ME 04092		
Brief Description of Goods/Services/Grant:		Hardware Cisco Line Cards modules for Data networking		

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.

The Office of Information Services within the Department of the Secretary of State operates an information technology Data Center that is crucial to the operation of the Maine Bureau of Motor Vehicles, the Bureau of Corporations and Elections, and the Maine State Archives. The operation of the entire information technology system is dependent on data networking hardware which has reached the end of its useful life. The Office of Information Service purchased these modules from Workgroup Technology Partners as this hardware works with the NetApp Storage Appliance and Production Database Servers maintained by Workgroup Technology Partners.

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

The hardware needs to work with equipment and software already in place which is maintained by Workgroup Technology Partners. Failure of the equipment jeopardizes meeting the needs of all users, including businesses and Maine citizens.

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

When the Office of Information Services went with the Cisco Expansion Modules, no other Vendor could satisfactorily meet the needs of the Office with respect to price and support.

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

The Office of Information Services went out to competitive bid for the purchase and installation of new networking modules. In the future, when new network hardware is required, the Office of Information Services will go out to bid.

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

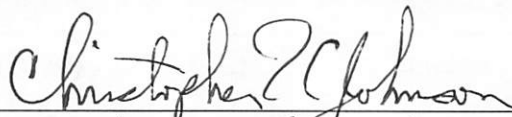
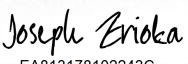
Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:	Christopher K. Johnson	Date:	12-10-2022
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka	Date:	12/19/2022