



## 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, Maine State Police		
Department Contract Administrator or Grant Coordinator:	Lt. Tyler Stevenson Amy Gower		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$63,736.78	Advantage CT / RQS #:	RQS-16A-20231227*928
CONTRACT	Proposed Start Date:	<b>12/27/2023</b>	Proposed End Date: 12/26/2024
AMENDMENT	Original Start Date:	Click or tap to enter a 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:	Noble Supply and Logistics One Marina Park Drive, Ste 220 Boston, MA 02210		
Brief Description of Goods/Services/Grant:	Digital X-Ray System		

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 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.

The SRV X1012® Extreme 3x: Complete Portable X-Ray System is a critical piece of life saving, safety and protective equipment for the Bomb Squad and public. The Unit is currently in possession of none but three x-ray systems that are almost 10 yrs or older. The current systems are aging and outdated technology that is not produced anymore. The Bomb Team relies on the imaging these systems provide to make the best and safest decisions on how to proceed with hazardous devices.

Per the National Bomb Squad Commander's Advisory Board, a portable x-ray system is listed as a requirement for bomb squad accreditation under minimum safety equipment. (2024 NBSCAB Guidelines, Section 6, SPA-29)

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

There is a limited for market for X-Ray Systems. Noble is a tried-and-true supplier of the SRV X1012® Extreme 3x: Complete Portable X-Ray System the Bomb Squad needs. All of the previous x-ray systems we currently own are not utilized in Bomb Technician Certification. Currently the Bomb Squad doesn't have a Certified X-Ray protective equipment.

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

The final costs of the SRV X1012® Extreme 3x: Complete Portable X-Ray System are all based upon the necessity of the items for the duties and responsibilities of a Bomb Technician.

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

The Maine State Police will retain an open mind to future vendors that produce a product that is of equal or greater value to the selected vendor. As of now there are no vendors that meet the standards that Noble produces.

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


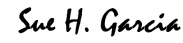
Does this request utilize ARPA/MJRP funds?

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):	 <a href="#">Michael Sauschuck (Dec 28, 2023 10:25 EST)</a>		
Typed Name:	Michael J. Sauschuck	Date:	Dec 28, 2023
Signature of DAFS Procurement Official:	DocuSigned by:  E5DB92AC0F8D490...		
Typed Name:	Sue H. Garcia	Date:	12/28/2023






# X-Ray Procurement Justification Form v.12.2023

Final Audit Report

2023-12-28

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