



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 \$5,000 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:		Corrections		
Department Contract Administrator or Grant Coordinator:		Conner McFarland		
(If applicable) Department Reference #:		NA		
Amount: (Contract/Amendment/Grant)		\$13,000.00	Advantage CT / RQS #:	03A 20240730*0201
CONTRACT	Start Date:	9/1/2024	End Date:	8/30/2029
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:		Astanza Laser, Dallas, TX		
Brief Description of Goods/Services/Grant:		Tattoo Removal Equipment and Maintenance Agreement		

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 checked="" 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 company did not include the 8mm wand in the initial contract. The required training that our Regional Medical Director completed provided education in understanding the use of the equipment bundled in the initial purchase and precisely pinpointing tattoo removal in a correctional setting. The 8mm wand efficiency will serve multiple purposes for tattoo removal in a correctional setting, effectively removing atypical inks used in a correctional setting and significantly reducing the number of appointments

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

The contract with Astanza Laser was awarded via RFP# 202404082 for Laser Tattoo Removal Equipment. Additional tattoo removal equipment must be purchased under this contract to ensure compatibility with the originally purchased equipment. Astanza is also the exclusive distributor in the United States for Trinity laser removal equipment.

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

The vendor submitted the lowest cost proposal response to the RFP. Market research for similar products through conversations with private organizations that have procured these devices indicate the cost reflects market rate for equipment of this type.

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

The Department will continue to use the competitive process for future medical equipment, including the use of Master Agreements, mini-bids, and RFPs.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Conner McFarland</i> FD522942914A4F8...		
Typed Name:	Conner McFarland	Date:	12/2/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Sherri Brooker</i> BE7E88805EFD419...		
Typed Name:	Sherri Brooker	Date:	12/4/2024