



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 \$10,000 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:		Dept. of Public Safety, Drug Enforcement Agency		
Department Contract Administrator or Grant Coordinator:		Director Scott Pelletier		
(If applicable) Department Reference #:				
Agency Department Code:	16A	Advantage CT / RQS #:	RQS-16A-20251007000000000629	
Amount: (Contract/Amendment/Grant)		\$77,628.80		
CONTRACT	Proposed/Original Start Date:	11/15/2025	Proposed/Most Recent End Date:	11/14/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Cellebrite, Inc. PO Box 23551 New York, NY 10087-3551		
Brief Description of Goods/Services/Grant:		Inseyets Online Pro Upgrade & Subscription Renewal for S/N 1488105641, 996025343, 915651310, 746304676, 713155399, 213383563, 2031550232, 71196720		

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 checked="" 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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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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.

In 2014, the Agency acquired two (2) Cellebrite UFED Ultimate units for use to enhance its investigative capabilities through a competitive bidding process. The software licensing of the unit and dongles to access analyzing applications and directory is updated annually providing the latest additions in smartphone technology. MDEA renewed the license in 2015 and 2016, and again in 2017 for a 3-year period to keep up to date with emerging technology. In 2018, the Agency purchased six (6) additional UFED units through a federal grant and in 2019 secured license renewals for those units for a one-year period. From 2020 to date, the Agency has renewed licenses to continue their use. For 2026, license renewals for all eight units must be secured to continue their use.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Cellebrite USA Inc is the sole developer and provider of the UFED Forensic System. Cellebrite USA Inc was established in 1999. And has been selling direct and does not sell to any first source, GSA or other resellers.

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

Inseyets Online Pro upgrade and license subscription for eight units. Upgrades are needed to the Touch 2 units because they are no longer supported and also in order to effectively investigate and coordinate with other law enforcement agencies in preferred technology.

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

As manufacturer and sole source provider of this device and service, Maine Drug Enforcement will maintain a consumer relationship with Cellebrite. However, Maine Drug Enforcement Agency will continue to pursue opportunities for continuous improvement of technology and its costs through networking with other law enforcement associations and alliances. Although MDEA first purchased Cellebrite 11 years ago, all current devices have been upgraded to the most recent versions.

**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) or (026) – 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**

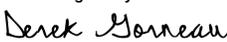
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

**PART VI: APPROVALS**

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	DocuSigned by:  <small>D6278D38A233439...</small>		
Typed Name:	Derek Gorneau	Date:	12/3/2025

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department’s Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	Signed by:  <small>2A1D91BCA418470...</small>		
Typed Name:	John Spier	Date:	12/3/2025