



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:		DAFS/MaineIT	
Department Contract Administrator or Grant Coordinator:		Chris Boudreau	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	18B	Advantage CT/RQS #:	RQS 20251119*0854
Amt: (Contract/Amendment/Grant)		\$10,967.00	
CONTRACT	Proposed/Original Start Date:	10/31/2025	Proposed/Most Recent End Date: 12/31/2025
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:		Oracle America Inc. 500 Eldorado Blvd, Broomfield CO 80021	
Brief Description of Goods/Services/Grant:		Invoice 102199671 - Flash Accelerator	

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. Higher Education 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.	<p>The Oracle Flash Accelerator F640 PCIe card is a device that is used to store data at extreme speeds. This device failed and needed to be replaced. The MainelT policy requires that we keep any storage devices that contain sensitive information and destroy them rather than return to the company and not be charged.</p>
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.	<p>To ensure continuity of our critical business functions, it's essential to support and maintain our aging hardware infrastructure that's critical to our operation. We have a contract with Oracle to come to the site and replace any failed devices. This contract includes the replacement of any of the hardware failures at no additional cost. This storage device must be kept per policy as it contains sensitive information which we must destroy.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>We negotiated a support contract with Oracle this vendor and they were chosen for hardware infrastructure which is when discounts are negotiated. Again, policy requires us to keep and destroy storage devices, we incur non-recoverable charges.</p>
4. Describe the plan for future competition for the goods or services.	<p>Currently our contract is with this vendor, and we plan to work with them until such time that the contract expires or we decommission the hardware. We are in the process of moving off this aging infrastructure in favor of the strategic direction of the organization. If the contract expires prior to us completing the migration to the Oracle Cloud, we will utilize statutory compliant solicitation.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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: <i>Nicholas Marquis</i> <small>A29C90369A37464...</small>		
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	12/22/2025

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: <i>Marcello Genovese</i> <small>E26B38B47E864FB...</small>		
Typed Name:	Marcello Genovese	Date:	12/22/2025