



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/OIT/Network Services | | |
| Department Contract Administrator or Grant Coordinator: | | Brian Oliver | | |
| (If applicable) Department Reference #: | | N/A | | |
| Agency Department Code: | | 18B | Advantage CT/RQS #: | RQS 20251204*0919 |
| Amt: (Contract/Amendment/Grant) | | \$405,600.00 | | |
| CONTRACT | Proposed/Original Start Date: | 3/24/2026 | Proposed/Most Recent End Date: | 3/23/2027 |
| 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: | | Presidio Networked Solutions LLC 10 Sixth Road, Woburn MA 01801 | | |
| Brief Description of Goods/Services/Grant: | | Check Point Staff Aug (Eric Martinez) | | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|-------------------------------------|---|--------------------------|----------------------------------|
| <input checked="" 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.

The State of Maine (SOM) employs Checkpoint Firewalls to protect critical State information assets, networks and computer systems. Management of these technologies is a highly specialized skill that the SOM has struggled in the past to secure outsourced support on. Within the last year, the SOM has obtained a support resource directly from Checkpoint Services that has expert level expertise in all types of Checkpoint technologies and services currently consumed by the State. This resource is leading several major projects that will not come to completion within the current contract period and these projects are at risk without continuing. This resource is highly sought after, and SOM's success cannot be at risk from a break in contract due to administrative reasons. The SOM wishes to finalize the contract extension for this resource as soon as possible so there is no chance they will not be available.

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.

Presidio was awarded master agreement MA 18P 230309*0106 from NASPO Cloud Solution solicitation with an end date of 9/15/2026. Services are needed until 12/30/2026 to maintain these contractors who are Presidio's specific contractors and a change in contractor would create a disruption to the State of Maine network.

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

Pricing per MA 18P 230309*0106.

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

Will continue to leverage competitive solicitations agreements for future agreements of this type if available. In the absence of a competitive solicitation agreement the State of Maine would RFP these services.

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

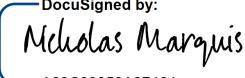
Maine law contains *Conflict of Interest* statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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): |  <small>A20C00369A37464...</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: |  <small>E2CD3BD47EBC4EB...</small> | |
| Typed Name: | Marcello Genovese | Date: 12/29/2025 |