



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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:		DAFS/MaineIT/Compute and Infrastructure	
Department Contract Administrator or Grant Coordinator:		Dawnna Pease	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 8,000.00	Advantage CT / RQS #:	RQS 18B 20240712-0061
CONTRACT	Proposed Start Date:	8/1/2024	Proposed End Date: 7/31/2025
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:		JAMF 100 S Washington Ave #1100 Minneapolis MN 55401	
Brief Description of Goods/Services/Grant:		JAMF Technical Support	

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. 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 State of Maine needs a solution to provide user certificates from the Executive branch's PKI to the Judicial branch/Courts end-user Apple devices. The certificates are required to allow for secure access to a shared VPN solution. The solution needs to provide certificate lifecycle management.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Courts devices are managed through JAMF. Obtaining support through JAMF Technical Support provides the best cost and expertise for JAMF configuration.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	We obtained an estimate from a professional services company and the cost estimate to perform an assessment-only was higher than JAMF quoted to perform an assessment and the actual configuration work.
4. Describe the plan for future competition for the goods or services.	We will continue to follow the State of Maine competitive process if additional services are required. However, it is anticipated that this is a one-time configuration and there will not be additional work needed for the Apple devices to receive certificates.

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) – 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	
Does the requesting Department signatory understand and acknowledge Maine's COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  A29C99359A37464...		
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	7/21/2024
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joesph Zrioka, Director of IT Procurement	Date:	7/19/2024