

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

| | | | |
|---|----------------------|--|----------------------|
| Department Office/Division/Program: | | DAFS/OIT/Client Technologies, Build Center | |
| Department Contract Administrator or Grant Coordinator: | | | |
| (If applicable) Department Reference #: | | | |
| Amount: (Contract/Amendment/Grant) | \$ 155,926.00 | Advantage CT / RQS #: | 20201016000000000439 |
| CONTRACT | Proposed Start Date: | | Proposed End Date: |
| 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: | | GovConnection, Inc. 732 Milford Road Merrimack, NH 03054 | |
| Brief Description of Goods/Services/Grant: | | (61) Video Carts due to Covid-19 | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|--|-----------------------------------|---|----------------------------------|
| | A. Competitive Process | | G. Grant |
| | B. Amendment | | H. State Statute/Agency Directed |
| | C. Single Source/Unique Vendor | | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | | J. Willing and Qualified |
| | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | x | L. Other Authorization - COVID |

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

- 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

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PART III: SUPPLEMENTAL INFORMATION

Per funds to be used with the Cares Act. 61 Video Carts are to be purchased for conference rooms. Parts include the cart, TV/Monitor, speaker, mic, camera, adapter, video cable and power strip.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

GovConnection has stated all items are in stock and will ship next week. They have placed a hold on the items to ensure we are able to purchase the items.


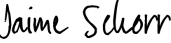
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

GovConnection has actually provided greater discounts on top of the standard OMNI agreements.

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

Carts will be set up around the state for various agencies to use for conferences via tele communications.

PART IV: APPROVALS

| | | | |
|---|--|--------------|------------|
| Signature of requesting Department's Commissioner (or designee): | By signing below, I signify that I approve of this procurement request. <small>DocuSigned by:</small> | | |
| |  | | |
| Printed Name: | Fred Brittain | Date: | 10/16/2020 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> | | |
| |  | | |
| Printed Name: | Jaime Schorr | Date: | 10/16/2020 |

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