



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/Project name is WorksForME		
Department Contract Administrator or Grant Coordinator:		Sharon Horne		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 7,125.00	Advantage CT / RQS #:	BPO 18F 20220902-0252
CONTRACT	Proposed Start Date:	1/22/2024	Proposed End Date:	8/31/2025
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:		HubStar Software Inc 225 Cedar Hill St, suite 200 Marlborough MA 01752		
Brief Description of Goods/Services/Grant:		Licensing for 100 Additional Desks		

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 is continuing to build out hoteling space to utilize the square footage available for teleworking employees. SmartWay2 provided a scalable solution that can be utilized at 51 Commerce. This will require 100 additional licenses to book hoteling space when needed.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The architecture and policy team prepared a Solution white paper identifying a specific list of solutions. Of the solutions, 5 solution appeared to meet our needs. Upon further inquiry SmartWay2 was the only one meeting all documented business needs, technical interface requirements and ease of use preferences. This purchase is just using that solution for additional SOM employees.

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

The price of the new licenses falls in line with the prior pricing of \$45/per license per year as the total number of licenses fall between 101 and 250 licenses.

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

At the termination of this 3 year contract new market offerings may be considered if deemed advantageous. The Department will use a competitive bid process if there are multiple vendors that can provide the service.

### 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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

### PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting  
Department's  
Commissioner  
(or designee):

DocuSigned by:  
*Nicholas Marquis*  
A29C99359A37464...

Typed Name:

Nicholas Marquis, Chief Information Officer

Date:

1/25/2024

Signature of DAFS  
Procurement Official:

DocuSigned by:  
*Joseph Brioka*  
EA813178102243C...

**Procurement Justification Form (PJF)**

Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	1/25/2024