



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:		MJB OIT State of Maine Judicial Branch	
Department Contract Administrator or Grant Coordinator:		David Plourde OIT	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)		\$ \$112,342.20	Advantage CT / RQS #: 20240119*1013
CONTRACT	Proposed Start Date:	1/22/2024	Proposed End Date: 1/21/2025
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:		Consolidated Communications Inc, Revenue Accounting, 5 Davis Farm Road, Portland, Maine 04103	
Brief Description of Goods/Services/Grant:		Mitel phone system 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.

CCI provides support for the MJB phone system that CCI installed.

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

CCI was selected by a competitive bid process years ago. **RFP# 201409833**

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

Costs and rates were determined in a competitive process.

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

In the future, a new phone system will be put out for RFP.

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:
Connor Smith
755F066F9C634D0...

Typed Name:

Connor Smith

Date:

1/19/2024

Signature of DAFS
Procurement Official:

DocuSigned by:
Joseph Zrioka
EA813178102243C...

Typed Name:

Joseph Zrioka Director of IT Procurement

Date:

2/7/2024