



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/MaineIT/Client Tech	
Department Contract Administrator or Grant Coordinator:		Candise Colfer	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	18B	Advantage CT/RQS #:	RQS 18B 20260127*1189
Amt: (Contract/Amendment/Grant)		\$1389.07	
CONTRACT	Proposed/Original Start Date:	1/27/2026	Proposed/Most Recent End Date: 7/17/2026
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:		Dell Marketing L.P. One Dell Way, MS RR 1-33, Round Rock TX 78682	
Brief Description of Goods/Services/Grant:		(1) Zoom Webinar Licenses	

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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Zoom Webinar 1000 license is used to host more than 500 people for a meeting
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.	MA 18P 22032100000000000092 was competitively awarded to Dell, but the support extends beyond the end date of the Master agreement.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Pricing per MA 18P 22032100000000000092.
4. Describe the plan for future competition for the goods or services.	Future purchases will continue via competitive solicitations and if none are available the State of Maine will process an internal RFP.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</i>	
<input checked="" type="checkbox"/> 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):	<div style="border: 1px solid black; padding: 2px;"> <small>DocuSigned by:</small>    <small>A29C99359A37464...</small> </div>
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Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	2/9/2026
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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):	
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Typed Name:		Date:	
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**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 2px;"> <small>Signed by:</small>    <small>E26B38B47EBC4FB...</small> </div>
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Typed Name:	Marcello Genovese	Date:	2/9/2026
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