



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:		DHHS/OFI Rene Bernard		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Arlene Jones		
(If applicable) Department Reference #:		OFI-22-011		
Amount: (Contract/Amendment/Grant)	\$ 9,872.40	Advantage CT / RQS #:	RQS 10A 2022020800000000890	
CONTRACT	Proposed Start Date:	<b>04/14/2022</b>	Proposed End Date:	04/13/2023
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:		Articulate New York, NY		
Brief Description of Goods/Services/Grant:		Articulate 360 Maintenance Subscription		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 product "Articulate 360" allows the Department's Office for Family Independence (OFI) to easily create and modify online and mobile courses. The Department's OFI statewide training program impacts approximately 500+ staff (eligibility and central office divisions), with over 100 new employees annually participating in a targeted 12-14-week curriculum.

The Provider's software also provides extensive customer support including live and on demand training as well as a library of "how to" videos, examples, discussions, best practices and an E-Learning 101 course.

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

The Department has used the Articulate software for several years to build a library of approximately 240 modules and trainings, and these materials serve as the core curriculum for new employees and are required to provide critical social services like TANF, SNAP and Medicaid to Maine citizens. Continued product support is needed in order to be able to access and use these modules and trainings.

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

The Department considers these costs as fair and reasonable, equal to last years' cost. The Department has looked at comparative products, like ADOBE Captivate. The pricing is the same as the Articulate 360 but the 240+ trainings that the Department already has created will not be transferable to ADOBE Captivate. There is also administrative savings in not having to redo all the trainings.

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

The Department does not intend to RFP.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

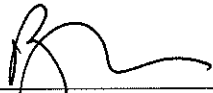

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):		
Typed Name:	Ben Munn	Date: 2/24/22
Signature of DAFS Procurement Official:		
Typed Name:	Joseph Zrioka	Date: 3/21/2022