



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:		Secretary of State, Information Services	
Department Contract Administrator or Grant Coordinator:		Christopher Johnson, Deputy Secretary of State for Information Services	
(If applicable) Department Reference #:		n/a	
Amount: (Contract/Amendment/Grant)		\$ 13,656.00	Advantage CT / RQS #: 20240313000000001336
CONTRACT	Proposed Start Date:	3/13/2024	Proposed End Date: 3/12/2025
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:		Kofax, Inc 15211 Laguna Canyon Rd Irvine, CA 92618	
Brief Description of Goods/Services/Grant:		Computer training	

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.

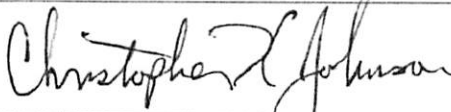
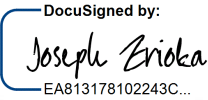
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	
This training is required for developers configuring KOFAX Capture which is used by our current business applications. And it is needed both the improve/update existing capture configurations but also to add new ones as needed by the business.	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
As the sole provider of the KOFAX software which remains under maintenance and in use, they are the sole provider of the required niche training as well.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
The price is reasonable and on par with general training costs in the industry for other coursework.	
4. Describe the plan for future competition for the goods or services.	
If there is reason in the future to seek new software to provide the functionality required by the business, we will of course re-evaluate the training necessary to configure image and forms information capture as well.	

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

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
Does the requesting Department signatory understand and acknowledge Maine's COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges <u>MRS Title 5, §18-A, 2.</u>	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Christopher K. Johnson	Date:	3/13/2024
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	3/15/2024