

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:	DHHS / OFI		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger		
(If applicable) Department Reference #:	OFI-25-011		
Amount: (Contract/Amendment/Grant)	\$22,485.00	Advantage CT / RQS #:	RQS 10A 20250207000000001129
CONTRACT	Proposed Start Date:	4/14/2025	Proposed End Date: 4/13/2026
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 Global New York, NY		
Brief Description of Goods/Services/Grant:	Articulate 360 Maintenance Subscription		

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.

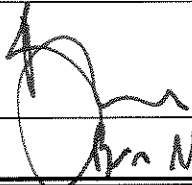
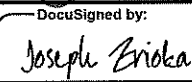
PART III: SUPPLEMENTAL INFORMATION	
1.	Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
	<p>The product "Articulate 360" allows the Department's Office for Family Independence (OFI) to easily create and modify online and mobile 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.</p> <p>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.</p>
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 250 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 fair and reasonable. The Department has looked at comparative products, like Adobe Captivate. The pricing is the same as Articulate 360 but the 250+ 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?	
<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	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Ben Moran	Date:	2/28/25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	2/19/2025