



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 \$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:                     |                      | Department of Administrative and Financial Services/<br>Maine IT/Network Services  |                          |
| Department Contract Administrator or Grant Coordinator: |                      | Brian Oliver   |                          |
| (If applicable) Department Reference #:                 |                      | n/a  |                          |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 33,252.24         | Advantage CT / RQS #:  | BPO 18B<br>20220429*0979 |
| CONTRACT  | Proposed Start Date: | Click or tap to enter a date.  | Proposed End Date:       |
| AMENDMENT   | Original Start Date: | <b>4/20/2022</b>   | Effective Date:          |
|   | Previous End Date:   | <b>3/31/2025</b>   | 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.<br>5 Davis Farm Road<br>Portland, ME 04103        |                          |
| Brief Description of Goods/Services/Grant:              |                      | Ethernet Private Line Services for IBM MaaS circuit going to Tennessee for Payroll |                          |

| 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.


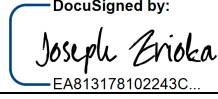
| <b>PART III: SUPPLEMENTAL INFORMATION</b>  |   |
|--|---|
| <b>1.</b>  | Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.       |
| This circuit is for the payroll done through the IBM Maas located in Chattanooga, Tennessee. The completion of the Prism project has not yet occurred so an extension for this service is required.  |   |
| <b>2.</b>  | Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. |
| CCI has delivered a very reliable circuit through their network and their partner's networks. This means a stable and confident means in which to ensure payroll occurs as needed. This circuit will go away once the new HR payroll system, Prism goes live. Date yet to be determined. |   |
| <b>3.</b>  | Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.                       |
| Rates are based on current providers providing the circuit from Augusta, ME to Chattanooga, TN. CCI's rate remain in effect until September 2025.  |   |
| <b>4.</b>  | Describe the plan for future competition for the goods or services.   |
| Once Prism (new payroll system) is in place, there will not be a need for this circuit in the future.  |   |

| <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) – 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 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): |  DocuSigned by:<br><i>Nicholas Marquis</i><br>A29C99359A37464... |       |           |
| Typed Name:  | Nicholas Marquis, Chief Information Officer   | Date: | 3/14/2025 |
| Signature of DAFS Procurement Official:                          |  DocuSigned by:<br><i>Joseph Zrioka</i><br>EA813178102243C...    |       |           |
| Typed Name:  | Joesph Zrioka, Director of IT Procurement   | Date: | 3/13/2025 |