



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 – COMM / BHR		
Department Contract Administrator or Grant Coordinator:	Jeanne Garza/Lyndsay Frank		
(If applicable) Department Reference #:	COM-25-2569		
Amount: (Contract/Amendment/Grant)	\$ 6,000.00	Advantage CT / RQS #:	RQS-10A-20250326000000001365
CONTRACT	Proposed Start Date:	1/23/2025	Proposed End Date: 1/22/2026
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:	QuickBase Inc. Chicago, IL 60673-4227		
Brief Description of Goods/Services/Grant:	No-code/Low-code data management solution		

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.

Quick Base provides a no-code/low code system utilized by BHR that allows for the management and tracking of mandatory training for all DHHS employees.

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

QuickBase has been in use by BHR since 2008 providing an existing no-code/low code system. It was designed to meet the specific needs of BHR and is thus conducive with existing processes. BHR is transitioning to a new service, LUMEN, which will be completed this year

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

The cost of Intuit's QuickBase Premier plan is \$6,000 per year (\$500 per month), which includes support; 220MB of application space and 50GB of file attachment space. The cost per user is approx. \$300 annually, and the cost is fair and reasonable when considering other web-based learning management solutions on the market, which can generally start at \$25k and increase to approximately \$1m per year, depending on the features in the system.

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

BHR is not intending to competitively procure this service.
The transition to LUMEN this year will meet competitive bidding statute as that solution was solicited under RFP # 202208148. JAZ

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

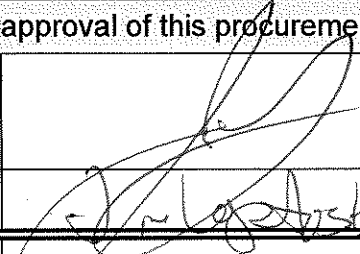
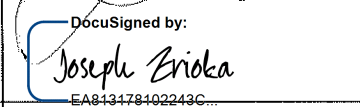
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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.

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:		Date: 31-May-25
Signature of DAFS Procurement Official:		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date: 4/22/2025