



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:		DAFS/MaineIT/Client Technology	
Department Contract Administrator or Grant Coordinator:		D.Joy.Lazore	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 26,985	Advantage CT / RQS #:	RQS 18B 20250331-1397
<b>CONTRACT</b>	Proposed Start Date:	<b>4/10/2025</b>	Proposed End Date: 8/17/2025
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		INFORMA TECH HOLDINGS LLC 1983 Marcus Avenue, Suite 250 Lake Success, NY 11042	
Brief Description of Goods/Services/Grant:		KCS Principles   Private Group Virtual 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.


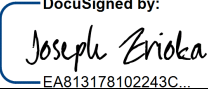
<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Knowledge-Centered Service (KCS) enables customer support teams to resolve requests for service more efficiently by leveraging the collective knowledge of all staff. Client Technologies will improve the adoption of KCS through training and certification.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	HDI (Helpdesk International) training is provided by instructors experienced in the industry providing a consultive, application based, interactive learning experience that can be immediately applied.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The quoted cost is discounted from the published price and provides private group training with a live instructor.
4. Describe the plan for future competition for the goods or services.	This is a one-time purchase for specific training for managers and staff to provide better desktop support. If more training is needed, we will review all options through competitive procurement.

<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: <i>Nicholas Marquis</i> A29C99359A37464...		
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	4/24/2025
Signature of DAFS Procurement Official:	 DocuSigned by: <i>Joseph Zrioka</i> EA813178102243C...		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	4/22/2025