

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DAFS/OIT/ Client and Infrastructure Services	
Department Contract Administrator or Grant Coordinator:		Fred Brittain, CIO	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 0.00 Based on Usage	Advantage CT / RQS #:	MA 18P 150911*44
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	9/7/2015	Effective Date:
	Previous End Date:	5/31/2020	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Mainely Access, Inc. 91J Auburn St. #1182 Auburn, ME 04103	
Brief Description of Goods/Services/Grant:		Assistive Technology Needs	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

Services to be performed on an as-needed basis by the Department requesting services:

- Functional Assistive Technology evaluations for individuals;
- Assessment of State facilities and public spaces;
- Recommend Assistive Technology IT hardware and software based on evaluated need;
- Procurement and implementing recommended hardware and software;
- Training for individuals with Assistive Technology needs and other State staff; and
- Post-implementation support and maintenance.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The state does not have the resources to provide this service.

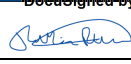
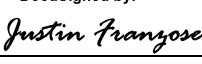
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The award to Mainely Access, Inc. was based on an RFP and the rates are fair and reasonable

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

The Office of Information Technology is extending MA 18P 150911*44 with the intention of fresh RFP by the end of this amendment.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
	DocuSigned by: 		
Printed Name:	Frederick Brittain, CIO	Date:	4/30/2020
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	AEED9C7B3A8044E... Justin Franzose	Date:	5/8/2020