



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF 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 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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		AOC	
Department Contract Administrator or Grant Coordinator:		Gwen DeCicco	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$102,379.43	Advantage CT / RQS #:	20220509000000001310
CONTRACT	Proposed Start Date:	8/1/2022	Proposed End Date: 8/1/2023
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:		Pro AV, 275 Billerica Rd, Suite 3, Chemsford MA 01824	
Brief Description of Goods/Services/Grant:		Courtroom AV install	

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.

Pro AV will install, service and test the new audio video system necessary for remote courtroom hearings.

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

Pro AV has been used extensively in courts and knows our systems well and how to integrate with them.

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

Pro AV has shown to be fair and reasonable in costing compared to other vendors.

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

Courts is striving to be platform independent so that any AV vendor in the future can be used.

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

Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

DocuSigned by:

Dennis Corliss

830C1FD649954CE...

Typed Name:

Dennis Corliss

Date:

5/9/2022

Signature of DAFS
Procurement Official:

DocuSigned by:

Joseph Zrioka

EA813178102243C...

Typed Name:

Joseph Zrioka

Date:

5/13/2022