



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.

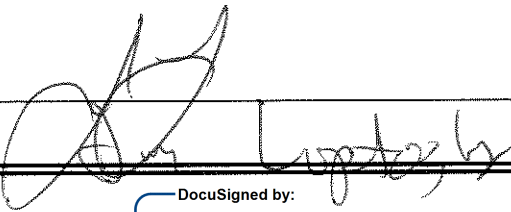
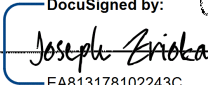
PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OFI/DDS	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		DDS-23-B100	
Amount: (Contract/Amendment/Grant)	\$ 18,336.39	Advantage CT / RQS #:	RQS-10A 2023052200000001450
CONTRACT	Proposed Start Date:	3/14/2023	Proposed End Date: 5/15/2023
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 Systems Chelmsford, MA	
Brief Description of Goods/Services/Grant:		Purchase and installation of AVS equipment	

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.	The Department's Disability Determination Services (DDS) does not have sufficient A/V equipment to effectively train staff or conduct needed hybrid meetings. The current system is to use a projector onto blank white walls, which creates difficulty reading, especially the text of our case processing system (DCPS) which is the majority of what's projected for training purposes. The purpose of this purchase is to install enhanced A/V equipment that will allow for training staff and conduct hybrid meetings in on-going hybrid telework environment more effectively.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Pro A/V was selected as they are the vendor that provided the equipment and installation at 109 Capitol Street and have a Master Agreement (MA 18P 2109010000000000016) with the State.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	This project is 100% federally funded by SSA. The SSA approved the cost of this equipment and installation.
4. Describe the plan for future competition for the goods or services.	The Department will competitively procure these services through a mini-bid process in the future if additional A/V equipment is needed.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			Date: 1-Jun-23
Signature of DAFS Procurement Official:	DocuSigned by: 		Date: 6/26/2023
Typed Name:	Joseph Zrioka, Director of IT Procurement	EA813178102243C...	Date: 6/26/2023