## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) <u>over \$5,000</u> 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/OIT                                 |                          |                   |                            |                 |  |
| Department Contract Administrator or Grant Coordinator: |                      |   | Joy Lazore                               |                          |                   |                            |                 |  |
| (If applicable) Department Reference #:                 |                      | N/A   |  |                          |                   |                            |                 |  |
| Amount: (Contract/Amendment/Grant)                      |                      | \$ 10,493   | 3.00 Advantage                           |                          | CT/RQS #: RQS 18  |                            | B 20250605*1863 |  |
| CONTRACT  | Proposed St          | art Date:   | 5/29/2                                   | /29/2025 <b>Proposed</b> |                   | nd Date:                   | 5/28/2026       |  |
| AMENDMENT   | Original Start Date: |   |  |                          | Effective Date:   |                            |                 |  |
|   | Previous End Date:   |   |  |                          | New End Date:     |                            |                 |  |
| GRANT   | Project Start Date:  |   |  |                          | Grant Start Date: |                            |                 |  |
| ORAIVI  | Project E            | nd Date:  |  |                          | Grant E           | Start Date:<br>t End Date: |                 |  |
| Vendor/Provider/Grantee Name,<br>City, State:           |                      | Articulate Global Inc.<br>244 5th Avenue #2960, New York NY 10001 |  |                          |                   |                            |                 |  |
| Brief Description of Goods/Services/Grant:              |                      |   | Annual Articulate 360 Teams Subscription |                          |                   |                            |                 |  |

|  | PART II: JUSTIFICATION FOR VENDOR SELECTION |  |                                  |  |  |  |  |  |  |
|--|---|--|----------------------------------|--|--|--|--|--|--|
| Check the box below for the justification(s) that applies to this request. (Check all that apply.) |   |  |                                  |  |  |  |  |  |  |
|  | A. Competitive Process                      |  | G. Grant                         |  |  |  |  |  |  |
|  | B. Amendment                                |  | H. State Statute/Agency Directed |  |  |  |  |  |  |
| $\boxtimes$  | 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           |  |  |  |  |  |  |

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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.

This software will be used to build content for the enterprise learning management system Lumen. There are currently 13 different accounts in the State of Maine, and we are also trying to integrate these accounts into one enterprise account. Articulate does not currently work through resellers and we are working on getting a Master Agreement in place with them.

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

This software is not available through resellers.

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

The cost is the same whether it is purchased by a government agency or the public.

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

Should this service be renewed, it will likely be procured under the next NASPO contract.

## 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 <u>Title 5, §18</u> and <u>§18-A</u>, in harmony with MRS <u>Title 17, §3104</u>.

☑ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

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| PART VI: APPROVALS  |  |       |          |  |  |  |  |  |  |
|---|--|-------|----------|--|--|--|--|--|--|
| The signatures below indicate approval of this procurement request. |  |       |          |  |  |  |  |  |  |
| Signature of requesting Department's Commissioner (or designee):    | Docusigned by:  Mcholas Marquis  A29C99359A37464 |       |          |  |  |  |  |  |  |
| Typed Name:   | Nicholas Marquis, Chief Information Officer      | Date: | 6/6/2025 |  |  |  |  |  |  |
| Signature of DAFS Procurement Official:                             | Joseph Zrioka  EAB13178102243C                   |       |          |  |  |  |  |  |  |
| Typed Name:   | Joseph Zrioka, Director of IT Procurement        | Date: | 6/6/2025 |  |  |  |  |  |  |

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