

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/Accessibility		
Department Contract Administrator or Grant Coordinator:		Jason Tourtelotte		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)	\$5,775.00	Advantage CT / RQS #:	RQS 18B 20200722*81	
CONTRACT	Proposed Start Date:	10/1/2020	Proposed End Date:	9/30/2021
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:		Level Access DEPT CH 10951 Palatine, IL 60055-0951		
Brief Description of Goods/Services/Grant:		(1) AMP Annual Subscription; Infrastructure Accessibility		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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

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

Part of the job of the OIT Accessibility Test Team is to monitor all Executive Branch websites for accessibility issues that may violate accessibility policy and the American's with Disabilities Act (ADA).

Accessibility scanning tools are specialized tools that move from webpage to webpage, interpret their contents, and compare that to complex standards and best practices. Only a handful of vendors have created such tools.

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

OIT considered cost, functionality, capability, responsiveness of service, upkeep, accessibility of interface, usability of interface, user friendly reports, and availability of help based on the reports when it selected Level Access software. One of the deciding factors was cost. Many solutions had page limits, and this made the cost prohibitive given the scope of work.

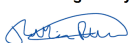

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Software selection was based on a comparison of the vendors in this field covering: cost, functionality, capability, responsiveness of service, upkeep, accessibility of interface, usability of interface, user friendly reports, and availability of help based on the reports.

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

This purchase is a single user license which is not sustainable for the long term. OIT intends to move to complete enterprise solution that would require competitive bidding.

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>		
	<small>DocuSigned by:</small> 		
Printed Name:	<small>052B9AC7F56A489...</small> Frederick Brittain	Date:	8/6/2020
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>AEEED9C7B3A8044E...</small> Justin Franzose	Date:	8/7/2020