



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:		Department of Corrections		
Department Contract Administrator or Grant Coordinator:		Scott Goulette		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 811,913	Advantage CT / RQS #:	03A 20220714*0145 (formerly 20210929*0877)
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	1/1/2017	Effective Date:	7/1/2023
	Previous End Date:	6/30/2022	New End Date:	6/30/2023
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		GTL DBA ViaPath Technologies		
Brief Description of Goods/Services/Grant:		Resident Phone and Communications Platform/Services		

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 checked="" 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 Provider has installed and is responsible for the operation of a debit-only prisoner/resident - phone system and a remote video visitation system for statewide MDOC facilities. In a previous amendment, the Provider has also made available a Tablet Program with Edovo Connect and other services on the tablet. The system includes all equipment, hardware, software, system engineering, material maintenance, labor, training and all things necessary to provide, install, implement, interface, and maintain the aforementioned communication system/platform.

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

This amendment is needed to extend services to this Provider for an additional twelve (12) months. The Provider is expected to have a master agreement with the State of Maine soon but this amendment will bridge the gap to fill the present need. Services were previously awarded to said provider under RFP 201511215 and recently expired on 6/30/2022. This is a complex undertaking and switching to a new provider at this stage would be problematic for both DOC staff and residents alike.

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

We have been and remain under contract with said Provider since January 2017. Rate limits are imposed by the FCC and further negotiated between MDOC and Provider which the Department considers to be fair and reasonable. Additionally, there is no cost to the Department or state for the provision of these services. Said services are paid for by Inmate Trust Funds and thus contract funds remain unencumbered as in the past.

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

The Provider is expected to have a master agreement with the State of Maine soon but this amendment will bridge the gap to fill the present need. Services were previously awarded to said provider under RFP 201511215 and recently expired on 6/30/2022.

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: <i>Scott Landry</i> 7/27/2022 <small>C41E0D953C6E4B0...</small>		
Typed Name:	Scott Landry, Associate Commissioner	Date:	
Signature of DAFS Procurement Official:	DocuSigned by: <i>Joseph Zrioka</i> <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka	Date:	8/5/2022