



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:		MJB/OIT	
Department Contract Administrator or Grant Coordinator:		David Plourde	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 39419.71	Advantage CT / RQS #:	20230705*0010
CONTRACT	Proposed Start Date:	4/7/2023	Proposed End Date: 7/6/2023
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 Inc, 275 Billerica Rd Ste 3, Chelmsford MA 01824	
Brief Description of Goods/Services/Grant:		Audio video programming and service	

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.

This is for service and support of audio video in the courtrooms. It also includes programming and warranty work for 1 year.

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

The vendor understands the dynamics and special needs of the courtroom though years of experience with the MJB. They also hold a Master agreement with the State of Maine.

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

The MJB compares costs to other vendors to analyze the quotes received

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

The MJB is pursuing a contract with this vendor to secure future service.

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:
Amy Quinlan
5D94E9ECCB05421

7/20/2023

Typed Name:

Amy Quinlan

Date:

Signature of DAFS
Procurement Official:

DocuSigned by:
Joseph Zrioka
EA813178102243C...

Typed Name:

Joseph Zrioka, Director of IT Procurement

Date:

8/10/2023