



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)		\$ 23,625.00	Advantage CT / RQS #:	20230714*0113
CONTRACT	Proposed Start Date:	8/1/2023	Proposed End Date:	9/8/2023
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:		Vtec Training, Cornerbrook Plaza 2nd flr, 343 Gorham Rd., South Portland, ME 04106		
Brief Description of Goods/Services/Grant:		specialized training for 0365 deployment statewide		

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.

Special training needed both in house and virtually in a very quick amount about time. Not all functions are allowed in the MJB and the trainers would need to accept special directions from administrators. Training is needed for over 500 users to convert. Some trainging will be done on site while others virtual. recordings will also be required.

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

Multiple vendors were interviewed and examined. VTec was the only candidate that could deliver the training needed both in house and virtually in a very quick amount about time. They also allowed for a specialized modification to accommodate the special needs of the MJB.

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

Costs were compared between all vendors.

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

This is a one time event. It will not be needed in the future. The MJB will have recordings and use them if needed.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

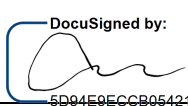
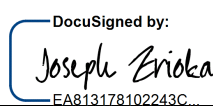
Does this request utilize ARPA/MJRP funds?

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):				7/21/2023
Typed Name:	Amy Quinlan	Date:		
Signature of DAFS Procurement Official:				8/17/2023
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:		