



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:		DAFS/Project name is WorksForME		
Department Contract Administrator or Grant Coordinator:		Jennifer Libby/Karen Reiling		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 16,771.50	Advantage CT / RQS #:	RQS 18F 2022080800000000195	
CONTRACT	Proposed Start Date:	8/2/2022	Proposed End Date:	8/31/2025
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:		HubStar Software Inc - 225 Cedar Hill St, suite 200, Marlborough MA 01752		
Brief Description of Goods/Services/Grant:		SaaS Services Hardware and Professional 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 checked="" type="checkbox"/>	L. Other Authorization - COVID

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 State of Maine is building out **hoteling space** to enable teleworking employees to seamlessly return to the office when needed. A scalable tool is needed to manage the space and provide an exceptional employee booking experience for up to 1000 desks across multiple office buildings.

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

The architecture and policy team prepared a Solution white paper identifying a specific list of solutions. Of the solutions, 5 solution appeared to meet our needs. Upon further inquiry SmartWay2 was the only one meeting all documented business needs, technical interface requirements and ease of use preferences.

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

HubStar/SmartWay2 is offering a tiered approach based on number of licensing as well as a 10% discount on both SaaS and professional. No additional licensing expense will be incurred for this solution beyond the Smartway2 SaaS licensing. 2 of the 5 products reviewed did require licensing costs in addition to the solution offered.

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

At the termination of this 3 year contract new market offerings may be considered if deemed advantageous. The Department will use a competitive bid process if there are multiple vendors that can provide the 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).

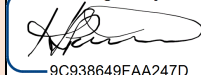
No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

DocuSigned by:



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Typed Name:

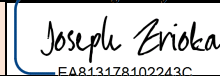
Heather Perreault

Date:

8/23/2022

Signature of DAFS
Procurement Official:

DocuSigned by:



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Typed Name:

Joseph Zrioka

Date:

9/1/2022