



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)		\$ 145,975.99	Advantage CT / RQS #:	20230822*0310
CONTRACT	Proposed Start Date:	7/16/23	Proposed End Date:	7/15/24
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:		Zoom Video Communications, Inc., PO Box 888843, Los Angeles, CA 90088-8843		
Brief Description of Goods/Services/Grant:		Zoom Enterprise video 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 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.

Zoom video is required for court operations.

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

Court has tried other video solutions and all fall short on the services provided compared to Zoom.

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

Price was negotiated with Zoom. It is comparable to other solutions.

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

Government enterprise zoom is only available thru zoom and not any other reseller.

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


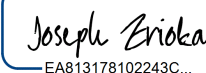
Does this request utilize ARPA/MJRP funds?

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:  <small>5D94E9ECCB05421...</small>			8/22/2023
Typed Name:	Amy Quinlan	Date:		
Signature of DAFS Procurement Official:	DocuSigned by:  <small>EA813178102243C...</small>			
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	9/9/2023	