



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/MaineIT/Accessibility	
Department Contract Administrator or Grant Coordinator:		Jason Tourtelotte	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ \$53,450.10	Advantage CT / RQS #:	RQS 18B 20230901*0356
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date: 9/30/2025
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:		Level Access DEPT CH 10951 Palatine, IL 60055-0951	
Brief Description of Goods/Services/Grant:		(1) AMP Project Edition Two-Year Subscription; Infrastructure Accessibility	

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.

Part of the job of the MaineIT Accessibility Test Team is to monitor all Executive Branch websites for accessibility issues that may violate our accessibility policy and the Americans with Disabilities Act (ADA).

Accessibility scanning tools are specialized tools that move from webpage to webpage, interpret their contents, and compare that to complex standards and best practices. Only a handful of vendors have created such tools.

This enterprise-level product is a key component of our digital accessibility program, which is aimed at making digital information and services accessible to people with disabilities.

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

MaineIT considered cost, functionality, capability, responsiveness of service, upkeep, accessibility of interface, usability of interface, user friendly reports, and availability of help based on the reports when it selected Level Access software. One of the deciding factors was cost. Other comparable solutions had page limits, and this made the cost prohibitive given the scope of work.

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

Software selection was based on a comparison of the vendors in this field covering: cost, functionality, capability, responsiveness of service, upkeep, accessibility of interface, usability of interface, user friendly reports, and availability of help based on the reports.

For our previous renewal, we initially contacted SHI with the intent of acquiring this product through them. However, that proved to be significantly more expensive than going directly through the vendor. The cost was negotiated with the vendor to ensure it was fair and reasonable.

Given our past experience with this pricing disparity, we reached out directly to the vendor for a quote for this renewal. The pricing the vendor provided this time for a two-year 25-user license, is actually less expensive than we paid for a two-year 10-user license for the prior renewal period. It is also less expensive annually than two single year 10-user renewals. As with the prior renewal, the cost was negotiated with the vendor to ensure it was fair and reasonable.

We also requested and received a quote from SHI and again found that it was more expensive than going directly through the vendor. Given these factors, we would like to proceed with the acquisition through Level Access.

As our digital accessibility program continues to mature and as the importance of web accessibility has become more widely known, the interest in this product has grown. Currently, all ten licenses are allocated to users, primarily agency web coordinators. The increase to 25-users allows us to expand availability to other agencies and web coordinators throughout our enterprise, so that they too have this important tool available to them to help ensure their web content is accessible to people with disabilities.

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

PART III: SUPPLEMENTAL INFORMATION

This purchase is for a 25-user Project Edition license to meet our anticipated need over the next two years. The interest in web accessibility continues to grow, meaning there could be new competitors, or enhanced offerings from existing competitors to Level Access evolving during that timeframe. Prior to our next renewal, we plan to re-assess our needs and re-evaluate the options that are available to promote future competition. This will help ensure that we continue to acquire the product that best meets the current and future anticipated needs of the State of Maine, even as technologies and product offerings continue to evolve in the future.

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

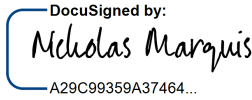
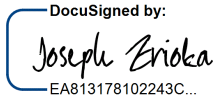
Does this request utilize ARPA/MJRP funds?

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):	 A29C99359A37464...		
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	9/15/2023
Signature of DAFS Procurement Official:	 EA813178102243C...		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	9/14/2023