



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:		OIT David Plourde	
Department Contract Administrator or Grant Coordinator:		Gwen DeCicco	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ 97,715.07	Advantage CT / RQS #: RQS 40a 20221020*553
CONTRACT	Proposed Start Date:	1/22/2023	Proposed End Date: 1/23/2024
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:		Consolidated Communications Inc., 11 Blackstrap Rd, Falmouth ME 04105	
Brief Description of Goods/Services/Grant:		Phone system support	

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.

CCI supports all elements of the MJB phone system.

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

CTI,(Now CCI), won the original RFP by bid process. They know our complex phone system extremely well.

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

CCI rates are discounted over standard rates and are very reasonable. This vendor was originally selected by a public bid process (RFP).

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

CCI will continue to provide support and is looking to renew their master agreement.

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:
Dennis Corliss
C7C172528CF54F3...

Typed Name:

Dennis Corliss

Date:

10/20/2022

Signature of DAFS
Procurement Official:

DocuSigned by:
Joseph Zrioka
EA843178402243C...

Typed Name:

Joseph Zrioka

Date:

10/27/2022

Procurement Justification Form (PJF)