



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/ OIT = Project name is WorksForME Telework | | |
| Department Contract Administrator or Grant Coordinator: | | Click or tap here to enter text. | | |
| (If applicable) Department Reference #: | | Click or tap here to enter text. | | |
| Amount: (Contract/Amendment/Grant) | | \$ 22,725 | Advantage CT / RQS #: | RQS 18B 2021110d-nnnn |
| CONTRACT | Proposed Start Date: | 11/8/2021 | Proposed End Date: | 12/3/2021 |
| AMENDMENT | Original Start Date: | Click or tap to enter a date. | Effective Date: | Click or tap to enter a date. |
| | Previous End Date: | Click or tap to enter a date. | New End Date: | Click or tap to enter a date. |
| GRANT | Project Start Date: | Click or tap to enter a date. | Grant Start Date: | Click or tap to enter a date. |
| | Project End Date: | Click or tap to enter a date. | Grant End Date: | Click or tap to enter a date. |
| Vendor/Provider/Grantee Name, City, State: | | Cyclotron Inc, San Francisco, CA | | |
| Brief Description of Goods/Services/Grant: | | Develop telework authorization content in Microsoft Power Platform | | |

| 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 checked="" 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 WorkForME telework initiative aims to implement a framework to enable agency re-entry plans following a period of emergency telework. The vendor selected is needed to rapidly develop tooling to collect telework data that informs facilities planning and to enable the deliberate and thoughtful authorization of continued telework for eligible employees after re-entry. The policy and architecture team has determined that the technical solution for telework authorization process is to build it out in Microsoft Power Platform. We do not have the in-house expertise to accomplish this. MaineIT will develop a plan to upskill in-house resources for future demand. For now, to develop in this technology and meet the program timeline, we must contract.

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

The timing of re-entry was expected earlier in 3rd quarter and is now on an end of year timeline. This project was expected to complete in September 2021. It was unable to be completed due to complexity on the earlier timeline but, must be ready to support returning employees on the new timeline. We have been advised by the SoM assigned Microsoft Success Manager that Microsoft programmers will not be available to support the development of necessary telework tooling on our necessary timeline. This same manager has identified two Microsoft partner candidates for consideration.

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

Two MicroSoft partners were asked for quotes. The hourly rates are higher than the KSI Resource Augmentation rate card for a Senior Specialty SME, but the hours are less than the other vendor's estimate so the total estimate is less and seems reasonable, based on the proposed resources to do the build out.

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

In the future, this type of demand should be serviced by in house teams as SoM resources are upskilled in this area. In the interim, resource needs can be handled through KSI.

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.

Procurement Justification Form (PJF)

| | | | |
|--|---|-------|--|
| Signature of requesting Department's Commissioner (or designee): | <p>DocuSigned by:</p>  <p>9C938649FAA247D...</p> | | |
| Typed Name: | Click or tap here to enter text. Heather Perreault | Date: | 11/5/2021 Click or tap to enter a date. |
| Signature of DAFS Procurement Official: | <p>DocuSigned by:</p>  <p>EA81317E10243C...</p> | | |
| Typed Name: | Click or tap here to enter text. Joseph Zrioka | Date: | 11/5/2021 Click or tap to enter a date. |