



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
 OFFICE OF STATE 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 Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DAFS/MaineIT	
Department Contract Administrator or Grant Coordinator:		Susan Banden	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 34,820.00	Advantage CT / RQS #:	BPO 18F 20220902-0252
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	12/1/2024
	Previous End Date:	New End Date:	8/30/2027
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:		Hoteling Licenses	

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.


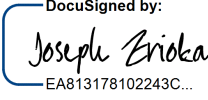
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	
The State of Maine is continuing to build out hoteling space to utilize the square footage available for teleworking employees. SmartWay2 provided a scalable solution that can be utilized at 51 Commerce and other State offices. This will require 200 additional licenses to book hoteling space when needed. We are also renewing these licenses.	
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. This purchase is just using that solution for additional SOM employees.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
The price of the additional licenses falls in line with the prior pricing of \$45/per license per year as this is a prorated increase the price at \$45 per license is reasonable. With the purchase of those additional licenses, the pricing was reduced to the next tier which is \$35 per license.	
4. Describe the plan for future competition for the goods or services.	
Upon the termination of this agreement 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?	
<input checked="" type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.	

PART VI: 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:	11/12/2024
Signature of DAFS Procurement Official:	 EA813178102243C...		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	11/12/2024