



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/DOL/29 Dorsey Rd, Fort Fairfield, ME 04742		
Department Contract Administrator or Grant Coordinator:		Jason Box		
(If applicable) Department Reference #:		OIT Assyst Ticket S57587		
Amount: (Contract/Amendment/Grant)		\$ 5,481.00	Advantage CT / RQS #:	RQS 18B 20241115*0717
CONTRACT	Proposed Start Date:	12/1/2024	Proposed End Date:	11/30/2027
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:		Charter Communications Holdings LLC 13850 Ballantyne Corp PL Charlotte, NC 28277		
Brief Description of Goods/Services/Grant:		DOL Employee Relocation - Spectrum Business Internet		

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.


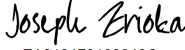
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	
	The affected DOL employee has moved residences and requires a change in service. DOL employee support requires broadband internet services to be rebilled/supported by DHHS program funds. The optimal speed exceeds CCI DSL speeds, therefore Spectrum’s cable modem services is required at 300x10 Mbps.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
	The selected vendor has facilities in place and a cost-effective product to support Agency needs. Furthermore, this vendor’s implementation timeline is closest to the Agency’s needs as the employee has already moved residences.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
	No other provider in this area offers the services needed at these rates.
4. Describe the plan for future competition for the goods or services.	
	Upon the closing of these service periods, Network Services will conduct an RFQ to allow for full and complete competition.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input 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 checked="" 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):	DocuSigned by:  A29C99359A37464...		
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	11/19/2024
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joeshph Zrioka, Director of IT Procurement	Date:	11/19/2024