



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) | \$ 10900.00 | Advantage CT / RQS #: | rqs 2022102700000000588 |
| CONTRACT | Proposed Start Date: | 11/4/2022 | Proposed End Date: 11/3/2023 |
| 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: | | Onix Networking Corp. 18519 Detroit Ave., Lakewood, OH 44107 | |
| Brief Description of Goods/Services/Grant: | | Video conferencing 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.

Onix supports all elements of the legacy video conferencing system (used to be Polycom).

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

Onix has provided support since we left Polycom and is a bridge to our newer environment which is Zoom.

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

Onix rates are discounted over standard rates and are very reasonable.

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

Onix is being replaced by Zoom and will not be needed 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):

DocuSigned by:

C7C172528CF54F3...


Typed Name:

Dennis Corliss

Date:

10/27/2022

Signature of DAFS
Procurement Official:

DocuSigned by:

EA813178102243C...

Typed Name:

Joseph Zrioka

Date:

12/7/2022