



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/OCIO		
Department Contract Administrator or Grant Coordinator:		Nicholas Marquis		
(If applicable) Department Reference #:		Click or tap here to enter text.		
Amount: (Contract/Amendment/Grant)		\$350,000.00	Advantage CT / RQS #:	MA 18P 240809-0017
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	8/9/2024	Effective Date:	12/1/2024
	Previous End Date:	8/8/2025	New End Date:	8/8/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		ZRG Partners Holding Corp 69 Milk Street, Suite 304, Westborough MA 01581		
Brief Description of Goods/Services/Grant:		Consulting Services/Strategic Work for Team Workshops		

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 checked="" 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.

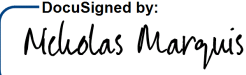

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	<p>Brimstone provides ongoing project work of strategic planning and individual coaching of senior leadership to continue towards organizational change.</p> <p>MA 18P 24080900000000000017 currently has a threshold of \$300,000 and needs to be increased by \$350,000 for the strategic refresh for a total of \$650,000.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Brimstone services have been provided to the extended leadership team and tailored specifically for DAFS/OIT to meet organizational change goals. Progress to date is unique to this vendor and continuity is critical to keep organizational change on track.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Rates are within industry standards.</p>
4. Describe the plan for future competition for the goods or services.	<p>Future purchases will be reviewed to determine what makes the most sense for the MaineIT organization and future strategy.</p>

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges <a href="#">MRS Title 5, §18-A, 2.</a>	

**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:	12/13/2024
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	12/12/2024