



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:		Labo, Bureau of Unemployment Compensation		
Department Contract Administrator or Grant Coordinator:		Suzan McKechnie		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$18,184.38	Advantage CT / RQS #:	CT 12A 20200603*3670
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	6/3/2020	Effective Date:	6/30/2024
	Previous End Date:	6/30/2024	New End Date:	6/30/2025
GRANT	Project Start Date:		Grant Start Date:	Click or tap to enter a date.
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Tovuti, Eagle, ID		
Brief Description of Goods/Services/Grant:		Virtual training environment		

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.

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.

Staff continue working with Tovuti on building the extensive virtual training environment. Tovuti provides the Training and Support Unit the ability to create more robust virtual trainings that are far superior to pdf's or PowerPoint presentations provided in the past. It would not be cost effective at this time to change vendors.

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

We contracted with Tovuti in 2020 when COVID pandemic started. Our staff have been working with them through the 4-year contract period to build a virtual training environment. Extending the current contract with Tovuti for 1 year would negate any new set-up costs and learning curve with a new vendor and allow our Training and Support Unit staff to continue working with the existing materials.

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

The vendor has increased the annual cost of services from \$15,812 to \$18,184.38 for 1 year. This is a 15% increase in the annual cost from the contracted price 4 years ago. We feel this is fair and reasonable.

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

We will extend the contract for one year and then see where the State's Learning Management System (LMS) construction is at.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

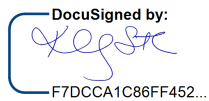
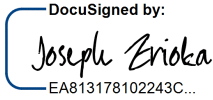
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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):			
Typed Name:	Kimberly Smith	Deputy Commissioner	Date: 6/24/2024 6/24/2024
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka	Director of IT Procurement	Date: 6/24/2024