



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/MaineIT/DHHS 326 Harlow Street Bangor	
Department Contract Administrator or Grant Coordinator:		Jason Box	
(If applicable) Department Reference #:		OIT MOVES Ticket 1097	
Amount: (Contract/Amendment/Grant)	\$ 5,318.28	Advantage CT / RQS #:	RQS 18B 20240712-0060
CONTRACT	Proposed Start Date:	8/1/2024	Proposed End Date: 7/31/2027
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:		Spectrum Business Internet 300x10 Mbps	

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.

DHHS's Disability Determination Services office requires internet to connect public facing contractor personnel to internet resources. There are no SOM personnel in this office which is supported by DHHS program funds. To enable this service DHHS requires out of band, non-OIT network, internet connection. The optimal speed exceeds CCI DSL speeds therefore Spectrum's cable modem services is required at 300x10 Mbps.

Total cost is \$99 install + \$15*36 months for fees and surcharges + \$129.98*36 months for month to month service

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 the Agency needs. Furthermore this vendor's implementation timeline is closest to the Agency's need for implementation timeline as they have to have this service online by early August 2024.

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 who 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?

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.

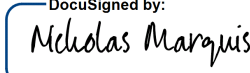
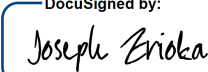
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges [MRS Title 5, §18-A, 2.](#)

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:	7/21/2024
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joesph Zrioka, Director of IT Procurement	Date:	7/19/2024