

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Labor		
Department Contract Administrator or Grant Coordinator:		Patricia O'Brien, Deputy Director, BUC		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$503,568.00	Advantage CT / RQS #:	CT 12A 20200604*3723	
CONTRACT	Proposed Start Date:	6/15/2020	Proposed End Date:	6/30/2021
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:		DXC Technology Services LLC Tysons, VA		
Brief Description of Goods/Services/Grant:		Look-up SSN's and electronically annotate the SSN on various forms, data entry into ReEmployME, and prep documents for scanning into Fortis		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
X	E. Emergency COVID 19		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

As a result of the COVID-19 pandemic and its effect on the businesses in Maine, resulting in massive shutdowns and high volumes of workers filing for unemployment in record numbers, MDOL has experienced a significant increase in the claims workload.

As a result, staff are unable to keep up with the increased paperwork that is received by mail and fax and this is causing delays in processing unemployment claims. DXC will assist with the paperwork by scanning various paper forms. They will then look up SSN's and electronically annotate the SSN's on the various forms, some forms will require data entry and others will be prepped for scanning by inserting document separators between the forms. Documents will be returned to MDOL/BUC for scanning into Fortis.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The vendor was selected as a result of a competitive procurement process. The Division of Purchases did a competitive bid process. The requirements for the bid was created after gathering information from the department's team leader that manages the document management business unit within the Bureau of Unemployment Compensation. The original lowest bidding vendor, Change Healthcare, was engaged in contract negotiations, but the department, the provider and Purchases were unable to come to concurrence.

As a result, we began negotiating with DXC Technology Services LLC and we were successful in negotiating contract details with this vendor. The delay in changing vendors for this project has only increased our current pending backlog.

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

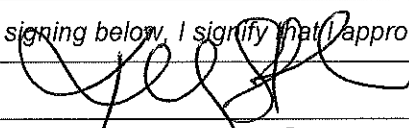
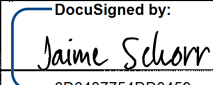
The vendor will provide 12 full-time employees (40 hours per week); MDOL will be invoiced \$3,357.12 per month per employee. This equals approximately \$839.28 per week per employee.

As noted, this was a result of a competitive bid process and the Department feels this is reasonable.

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

This is not intended to be an ongoing need after the end of the contract.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
Printed Name:	<i>Kimberly Smith</i>	Date:	<i>6/10/2020</i>
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>6D6437754DD0459...</small> <i>Jaime Schorr</i>	Date:	<i>6/15/2020</i>