



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:		Department of Defense, Veterans and Emergency Management Bureau of Veterans' Services	
Department Contract Administrator or Grant Coordinator:		Wendy M. Waltz, Financial Analyst	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$98,737.70	Advantage CT / RQS #:	CT 15A 20231201*1566
CONTRACT	Proposed Start Date:	1/2/2024	Proposed End Date: 1/1/2026
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:		Leidos Digital Solutions, Inc. 29040 Network Place, Chicago, IL 60673-1290	
Brief Description of Goods/Services/Grant:		Bureau of Veterans' Services – Intranet Quorum (IQ) Case Management System	

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.

The Intranet Quorum case management system is an essential tool in providing services to veterans in an efficient manner. We require the vendor's support to use the IQ system successfully. Please see the attached vendor quotation and Rough Order of Magnitude (ROM) for detailed specifications of services to be provided.

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

It is very important that the Bureau continue its current relationship with the vendor. The vendor previously completed a migration of the bureau's Access databases, digital archives, and paper records into the Intranet Quorum (IQ) case management system. This greatly improved efficiencies. Employees now utilize this system to view and update case management records, burial scheduling, park passes, recognition certificates, homeless services, constituent services, hunting/fishing licenses, education benefits, etc. Continued use of this system is needed to meet daily work objectives.

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

When compared to the costs of previous work provided by the vendor, these rates closely compare, and we believe they are fair and reasonable.

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

Putting this contract out to bid at this time and potentially selecting a new vendor and case management system would lead to severe inefficiency, a steep learning curve, and a considerable disruption of services that our employees provide to the public, veterans, and their families.

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):


DocuSigned by:
Scott A Young
8EDC934F194048D...

Typed Name:

Scott A. Young
Deputy Commissioner

Date:

1/2/2024

Signature of DAFS Procurement Official:	<p>DocuSigned by:</p>  <p>EA813178102243C...</p>		
Typed Name:	Joseph A. Zrioka, Director of IT Procurement	Date:	1/2/2024