



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 Administrative and Financial Services - Project Management Office	
Department Contract Administrator or Grant Coordinator:		Nicholas Marquis	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$1,034,250	Advantage CT / RQS #:	CT 18F 20181115*1668
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	11/13/2018	Effective Date:
	Previous End Date:	1/31/2025	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Premier International, Chicago IL	
Brief Description of Goods/Services/Grant:		Data Migration to support the Cloud Application for Payroll	

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.

The Department has decided to delay the production cutover date for the Prism projects. This delay in the production cutover date will require work from Premier to support the Department for a period that was not included in the Agreement. In addition to the project timeline change, the Department has added an additional testing period that includes an additional tenant build which was not previously planned. This change order is to ensure that support can continue to be provided past the current end date of January 31, 2025.

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

Contract extension and scope increase for an existing contract CT 18F 20181115*1668.

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

The cost estimates were in line with the original cost estimates for the original Agreement and prior change.

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

These services will end following the closure of PRISM project.

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.


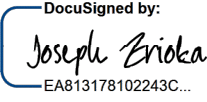
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 <small>DocuSigned by: Nicholas Marquis A29C99359A37464...</small>		
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	1/6/2025
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Joseph Zrioka EA813178102243C...</small>		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	1/6/2025

NOI 0120250015 1/7/2025 - 1/13/2025