



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/DLC/Maine Background Check Program Alex Netten/ Heather Hyatt	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		DLC-26-2007B	
Agency Department Code:	10A	Advantage CT / RQS # :	20231016000000001129
Amount:		Amend B:	0.00
(Contract/Amendment/Grant		Revised:	\$ 249,726.00
CONTRACT	Proposed/Original Start Date:	10/1/2023	Proposed/Most Recent End Date: 9/30/2025
AMENDMENT	New Effective Date:	10/1/2025	New End Date (if Applicable): 9/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Yale New Haven Health Services Corporation New Haven, CT	
Brief Description of Goods/Services/Grant:		Maintenance contract for Maine Background Check Program	

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. Higher Education 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 purpose of this Agreement is to analyze, test, upgrade and maintain the Maine Background Check Center (MBCC). The MBCC is a web-based application that has been developed to assist providers with performing registry checks and processing background checks for applicants in an efficient and effective manner. The MBCC is a secure, web-based system operated by the Maine Department of Health and Human Services (DHHS) in partnership with the Maine Department of Public Safety (DPS) and regulated employers that provide care and services to vulnerable Maine citizens.

The purpose of this amendment is to extend the agreement at the same rate for system support, maintenance and technical enhancements.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

The Provider, who designed the Maine Background Check Center (MBCC), is still in the process of upgrading the original system and has ongoing deployments to the public domain.

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

Rates are consistent with the services currently being provided.

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

The Department does not intend to issue a Request for Proposal (RFP) for this service at this time. Because of the nature of services provided under this contract, OIT and the Department have determined that a 1-year amendment is the most appropriate mechanism for provision of these services. An RFP will be issued for future services.

**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.

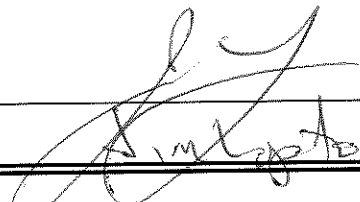
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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 signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Kim Lapostoly</i>	Date:	<i>23-Oct-25</i>

**PART VII: EMERGENCY – Required only if selecting E. Emergency Justification**

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	DocuSigned by:  068D14CB2FB7408...		
Typed Name:	Lauren Mounouris, IT Procurement Systems Analyst	Date:	11/10/2025