



### 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:		Maine Judicial Branch	
Department Contract Administrator or Grant Coordinator:		Elise Jordans	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 55,000.00	Advantage CT / RQS #:	20220110*1643
CONTRACT	Proposed Start Date:	8/1/2021	Proposed End Date: 7/30/2022
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:		Costing Solutions, LLC 81 Gulfport Ct. Marco Island, FL 34145	
Brief Description of Goods/Services/Grant:		Judicial Indirect Cost Plan for DHHS IV-D 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 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	
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>	<p>The DHHS IV-D program has a complicated Indirect Cost Plan that calculates a unit cost based on time studies and applies the 2014 time study to current activity. The branch is in the early stages of upgrading systems, which impacts the recording activity in multiple systems.</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p>	<p>This vendor was selected in 2014 to work with the branch and come up with a plan that was acceptable to the federal agency. Since that time many years of indirect cost plans have been submitted and approved.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>	<p>Our costs have decreased through time as the workload has diminished and the methods used have been approved by the federal government. This company is a company doing the work in many states, including many in New England.</p>
<p>4. Describe the plan for future competition for the goods or services.</p>	<p>There is no plan for future competition. This vendors services will be retained through the next time study, when we expect the work after that effort will be much less complex.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
<p>Does this request utilize ARPA/MJRP funds?</p>	
<p><input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).</p>	
<p><input checked="" type="checkbox"/> No – If No, proceed to Part V.</p>	

PART V: APPROVALS	
<p>The signatures below indicate approval of this procurement request.</p>	
<p>Signature of requesting Department's Commissioner (or designee):</p>	<p><i>Dennis Corliss</i></p>
<p>Typed Name:</p>	<p>Dennis A. Corliss, ASCA</p>
<p>Date:</p>	<p>1/10/2022</p>

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Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i>		
Typed Name:	2D5B6E39F57E44A... William J.E. Allen	Date:	2/1/2022

NOI 0220220108 02/01/2022 - 02/07/2022