



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 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/COM	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		COM-18-1203 K	
Amount: (Contract/Amendment/Grant)	Amend: \$ 123,610.32 Revised:\$2,471,360.76	Advantage CT / RQS #:	CT 10A 20171221*2014
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	7/1/2024
	Previous End Date:	New End Date:	6/30/2025
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Winxnet, Inc. dba Logically Portland, ME	
Brief Description of Goods/Services/Grant:		Managed Services Solution- Collection and Reporting	

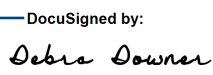
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input checked="" type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	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.

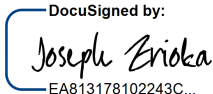
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	
The purpose of this agreement is to provide hosting and support services for the Recovery and Collections Solutions.	
The purpose of this amendment is to add funding and to extend the end date for hosting services for the Recovery and Collections Solutions.	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
Through RFP 201707134, an Evaluation Team applied evaluated the Bidders Qualifications and Experience, Proposed Services, and Cost Proposal in awarding the contract to this provider. Contract periods start 1/1/2018 and end 12/31/2027	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
The fees for the collection's solution are consistent with the current agreement. The Department has determined that the rates are fair and reasonable.	
4. Describe the plan for future competition for the goods or services.	
The Department intends to competitively procure these services with a 1/1/2028 contract start date.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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):	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">DocuSigned by:</div>  </div> <div style="font-size: small; margin-top: 5px;">5DC6307B8558482...</div>

Procurement Justification Form (PJF)

Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	Sep-16-2024
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	9/26/2024

The service is single source. There are no renewal periods to exercise. Please post.