



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
 OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

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 / OFI / MIS	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		OFI-24-B45F	
Agency Department Code:	10A	Advantage CT / RQS #:	BPO 10A 20231026000000000570
Amount: (Contract/Amendment/Grant)	Current: \$3,908,099.60 Amend F: \$357,172.09 Revised: \$4,265,271.69		
CONTRACT	Proposed/Original Start Date:	9/1/2023	Proposed/Most Recent End Date: 11/30/2025
AMENDMENT	New Effective Date:	12/1/2025	New End Date (if Applicable): 02/28/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		TALX Corporation OBA Equifax Workforce Solutions Atlanta, GA	
Brief Description of Goods/Services/Grant:		Employment Verification 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 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
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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.

Eligibility determinations for the Department's Office for Family Independence's (OFI) three major programs; MaineCare, TANF and SNAP require verification of income and employment history for eligibility and benefit amount determinations. Income and employment information in the form of paystubs, W2's, etc., can be submitted by client's applying for services, but this method is cumbersome and can lead to inaccurate and/or incomplete information, especially if the job has ended, for eligibility determinations and can cause overpayments in benefits. In some instances, employers are not helpful or timely in providing to their employee's verification of their employment. They require employees to obtain verification using The Work Number. If employment information isn't provided timely, it can cause a loss in benefits, and re-processing of cases for eligibility staff once obtained. For SNAP, work requirements and timely verification of employment are important to maintain eligibility, or for closure of benefits for individuals who are not complying with the work requirements. As new policies are established, increasing the need for determinations to be made, the Department's OFI is researching ways for our Eligibility Specialists to keep up with the demands through systemic efficiencies.

Per statute 22 MRSA §16-B-Verification of integrity of reported information by applicants for public assistance reads:
 The Department shall use commercially available data to conduct an electronic verification of information provided on an application for benefits for public assistance as defined in section 16, subsection 1, paragraph C. The electronic verification must, at a minimum, be conducted on all new applications for benefits and must include searches for income, residency and available assets.

The purpose of this amendment is to add funds to pay for overage charges incurred as well as extend service for 3 additional months while the terms of the IT-Service Contract are negotiated.

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

The Work Number is a database of income and employment records of over 5,500 employers nationwide. Payroll data is updated every payroll cycle by the employers. In addition to the basic employment information, it includes wages, commissions, bonuses, overtime and historical information. Since employers regularly feed into this system, data is delivered instantaneously. This tool was created by the Provider in 1995, acquired by Equifax in 2007, and at the time of acquisition, the Provider was the leading provider of employment verification. Other verifications services do exist; but they do not meet the Department's OFI requirements regarding payroll and wage specific data necessary for eligibility and benefit determination. Upon research, there is no evidence indicating change in their provided services to include this specific data set within their system. These systems focus primarily on individual background screening for

PART III: SUPPLEMENTAL INFORMATION

hiring purposes and/or employment verifications on hire dates and this is already data we receive with the NDNH file and is not something we are looking to receive in our income/employment records via The Work Number. The Work Number is the only verification system providing real-time data, with the largest number of nationwide employers, and with the necessary data elements required for benefit and eligibility determinations.

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

Negotiated costs are based on an annual subscription payment with monthly installment charges. Costs include 70,000 transactions annually. The Department considers these costs to be fair and reasonable.

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

The Department has competitive bid for these services with RFP 202501012 with an anticipated contract start date of 03/01/2026.

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) or (026) – 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

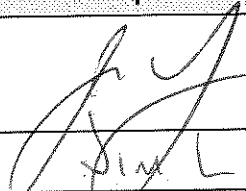
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	11-Feb-26

2. Additional signature required **ONLY** if box **E (Emergency)** is selected in **PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: 		
Typed Name:	2A1D91BCA418470... John Spier	Date:	2/13/2026