



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.

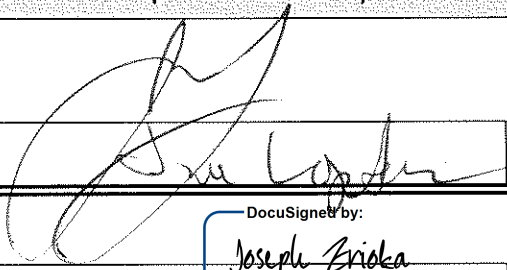
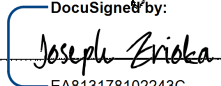
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Stacy Martin		
(If applicable) Department Reference #:		CFS-22-8411		
Amount: (Contract/Amendment/Grant)	\$ 10,177.00	Advantage CT / RQS #:	RQS 10A 20230302000000001057	
CONTRACT	Proposed Start Date:	04/01/2022	Proposed End Date:	12/31/2022
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:		Maine Information Network, LLC Atlanta, GA		
Brief Description of Goods/Services/Grant:		Technology		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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	
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 web programming services for the Department's OCFS plan of safe care portal.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Provider has a master agreement with the State (MA 18P 0810220000000000089 and MA 18P 22071100000000000002) to provide website maintenance services.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The Department considers these costs to be fair and reasonable compared to other services provided by the same Provider.
4. Describe the plan for future competition for the goods or services.	The Department does not intend to RFP this service.

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

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			Date: 2-Mar-23
Typed Name:			
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		Date: 3/13/2023
Typed Name:	Joseph Zrioka, Director of IT Procurement		