



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 \$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 Procurement Services intranet site (Forms page) for additional instructions.

| PART I: OVERVIEW | | | |
|---|----------------------|---|------------------------------|
| Department Office/Division/Program: | | DHHS/OBH/XXXXX/Stephanie Kadnar | |
| Department Contract Administrator or Grant Coordinator: | | Jeanne Garza \ Brianne Carrero | |
| (If applicable) Department Reference #: | | OSA-23-103 | |
| Amount: (Contract/Amendment/Grant) | \$6,244.00 | Advantage CT / RQS #: | RQS-10A-20240930000000000489 |
| CONTRACT | Proposed Start Date: | 5/4/2023 | Proposed End Date: 2/6/2024 |
| 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: | | NATIONAL OPINION RESEARCH CENTER CHICAGO, IL | |
| Brief Description of Goods/Services/Grant: | | Data access license | |

| 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 checked="" 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.

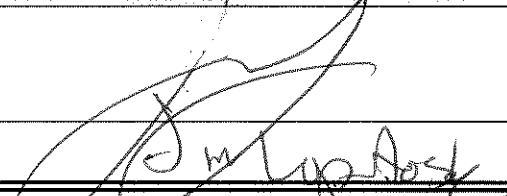

| PART III: SUPPLEMENTAL INFORMATION | |
|---|--|
| 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I. | |
| NORC is an independent research institution that delivers reliable data and rigorous analysis. The licenses purchased under this procurement allow Maine access to a data enclave of pertinent and necessary health data. Having data enclave access eliminates several barriers to accessing such data and provides Maine the opportunity to conduct analysis as needed to support and provide more impactful mental health and substance use disorder services. | |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. | |
| NORC is a unique/sole source vendor because it is the entity chosen by Maine Health Data Organization to provide data enclave services for Maine’s all-payer claims database. In order for OBH Data Team staff to access Maine’s all-payer claims data directly within the enclave in which it is housed, we must purchase licenses with NORC. | |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | |
| The rates are as determined by NORC at their usual market price. | |
| 4. Describe the plan for future competition for the goods or services. | |
| If a competitive source for the same or equivalent data is identified, the Department will competitively procure these services. | |

| 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): |  | | |
| Typed Name: | | Date: | 20-Feb-25 |
| Signature of DAFS Procurement Official: | DocuSigned by:  Joseph Zrioka EA813178102243C... | | |
| Typed Name: | Joseph Zrioka Director of IT Procurement | Date: | 3/5/2025 |