



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:		DAFS/OIT/DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:		Robert Blanchard		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$ 453,816.00	Advantage CT/RQS #:	CT 18B 20250228-1996
CONTRACT	Proposed Start Date:	3/31/2025	Proposed End Date:	3/30/2028
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:		OwnCompany, Inc. 940 Sylvan Ave, Flr 1 Englewood Cliffs, NJ 07632-3301		
Brief Description of Goods/Services/Grant:		Cloud Data Protection Platform Software		

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

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

To implement the requirements for the Comprehensive Child Welfare Information System (CCWIS), a software tool was needed to allow for the support of the Department's Office of Child and Family Services (OCFS) backup and recovery in cases where Department staff lose or overwrite data unintentionally. This is part of the original Request for Proposal in modernizing the Department's OCFS administrative process. The Department's OCFS required that backup data be able to be stored and easily accessed to support end user needs. This software will support the implementation by providing data security and confidence of long-term access. This was brought to the CCWIS Executive Steering Committee and was unanimously approved.

The State made the decision to hold all software licenses associated with the CCWIS implementation, thus requiring this agreement.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The Vendor was selected from a group of possible applications available to support this implementation and highly rated by Salesforce. However, it was the only vendor that had its service available on the FedRamp cloud. This application was chosen as it allows the Department's OCFS to continue to meet the CCWIS security requirements based on the amount of Personally Identifiable Information used within the system.

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

Deloitte and the Department's OCFS were able to work with the vendor to negotiate a rate more than 12% lower than base product price points. The Department's OCFS had direct discussions with the Vendor and was able to further negotiate lower pricing for initial startup support in year 1 and locked pricing for 3 years.

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

As this will be directly implemented in the CCWIS, there is no plan for future competition. However, if the requirements of the Department change and the software can no longer meet Department requirements, the Department would follow a similar process in vetting software that can meet the CCWIS and Department requirements.

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.

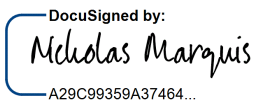
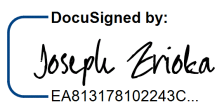
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 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:	Nicholas Marquis, Chief Information Officer	Date:	3/7/2025
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	3/7/2025