

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Labor	
Department Contract Administrator or Grant Coordinator:		Patricia O'Brien	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$2,474,897.69	Advantage CT / RQS #:	CT 12A 20180827*0695
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	
	Previous End Date:	New End Date:	n/a
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Mississippi Department of Employment Security Jackson, MS	
Brief Description of Goods/Services/Grant:		Support & maintenance, cloud infrastructure work, upgrade of technology associated with the Object Relational Mapping within the application, and hardware/software license costs.	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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### PART III: SUPPLEMENTAL INFORMATION

This is an amendment to the financial MOA between the Maine Department of Labor and the Mississippi Department of Employment Security (MDES). Both MDES and MDOL are partners with the ReEmployUSA consortium and are the only two consortium members with operational integrated benefits and tax unemployment insurance systems. Currently MDES holds the application support contract with the vendor that supports both MDOL's and MDES' systems. Both during system development and now in operations, MDES pays the vendor, and then invoices MDOL. Payment for system support services is through the financial MOA that we are amending. We had put an original amount of funds in the MOA, and then once we had operational baseline costs under the current time and material contract, as well as had final costs for pending procurements we projected final costs for the remainder of the federal program year. This amendment represents the additional funds needed to sustain system support based on the projected costs.

#### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The selected vendor is the same one used to develop the ReEmployME system and is the primary vendor for the ReEmployUSA consortium; which is comprised of Maine Department of Labor, Bureau of Unemployment, Mississippi Department of Employment Security, Oklahoma Employment Security Commission, and Connecticut Department of Labor.

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

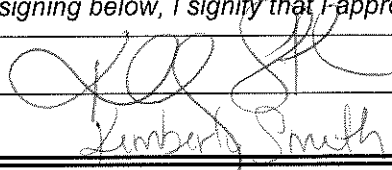
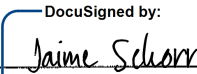
MDES originally procured the services of TCS through a competitive bid process.

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

We have recently completed a technical recruiting process for a procurement project manager to work with MDES to write an application support RFP. It will be written to allow each state within the consortium a separate agreement to pay the vendor for support services directly.

### PART IV: APPROVALS

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<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	3/23/2020
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: 		
<b>Printed Name:</b>	6P6437754DD0459 Jaime Schorr	<b>Date:</b>	3/27/2020