

## 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:		Office of the State Controller	
Department Contract Administrator or Grant Coordinator:		Barbara Bachman, Systems Team Leader	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 296,912	Advantage CT / RQS #:	20200110000000000603
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	1/1/2020	Effective Date:
	Previous End Date:	4/30/2020	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		INFOR (US), INC. 13560 Morris Rd Suite 4100 Alpharetta, GA 30004	
Brief Description of Goods/Services/Grant:		Support/maintenance agreement with the vendor who maintains and provides all upgrades to our SOM HR/Payroll system.	

### 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
<b>X</b>	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
<b>X</b>	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

Support/maintenance agreement with the vendor who maintains and provides all upgrades to our SOM HR/Payroll System. This system is responsible for maintaining the SOM's employee payroll system for state agencies as well as interfaces to the SOM's TAMS application and Employee Self Service (ESS).

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

InforGLOBAL originally built this system (i.e., the creator of the source code) and do not partner with any 3<sup>rd</sup> party vendors to support their product.

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

This legacy system is >25 years old, highly complex residing on an IBM mainframe and requires regular upgrades from the vendor in order to keep SOM current with rules and policies that govern payroll activities. The rate negotiated very closely matches the rate SOM has been paying for annual support/maintenance since implementation.

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

SOM is replacing this legacy system and has no need for this support/maintenance in the future.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
	<small>DocuSigned by:</small>		
	<i>Douglas E. Cotnoir</i>		
<b>Printed Name:</b>	Douglas E. Cotnoir	<b>Date:</b>	4/8/2020
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small>		
	<i>Justin Franzose</i>		
<b>Printed Name:</b>	Justin Franzose	<b>Date:</b>	4/15/2020