



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:		Department of Inland Fisheries & Wildlife	
Department Contract Administrator or Grant Coordinator:		Bill Swan	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 7813	Advantage CT / RQS #:	20220330000000001092
CONTRACT	Proposed Start Date:	Proposed End Date:	
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:		Elavon, Atlanta, Georgia	
Brief Description of Goods/Services/Grant:		Cash Register System	

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.

IFW sells licenses, permits, and registrations to walk-in customers at their main headquarters at 353 Water Street in Augusta, Maine. Customers pay by cash, check, and credit card. A cash register system is required to maintain cash control. The cash register system needs to be able to process credit cards because many of our customers would prefer to pay by credit card. The cash register system must be PCI compliant. Click or tap here to enter text.

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

US Bank currently has a contract with State of Maine Treasury to provide various financial services to the State of Maine including the processing of credit cards. Elavon is the current credit card processor for the State of Maine and is owned by US Bank. Using an Elavon provided cash register system is the only way to guarantee seamless processing of credit cards while maintaining PCI compliance.

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

The quoted cost of this new cash register system is significantly less than our current system which was acquired roughly two years ago and is no longer compliant with processing credit cards using the Elavon processor.

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

We do not anticipate needing another cash register system as long as US Bank holds the contract with State of Maine Treasury for financial services including credit card processing.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

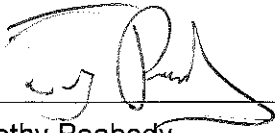

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):			
Typed Name:	Timothy Peabody	Date:	4/4/2022
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka	Date:	4/7/2022