



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 Administrative and Financial Services/Maine Revenue Services	
Department Contract Administrator or Grant Coordinator:		Michael Fortin	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,000.00	Advantage CT / RQS #:	XXXXXXXXXXXX 18F2014015*1430 18F20141015*1430
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	4/1/2019	Effective Date:
	Previous End Date:	6/30/2022	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Revenue Solutions Inc., (RSI) Pembroke, MA	
Brief Description of Goods/Services/Grant:		An amendment to the current contract is required to provide additional funds for data services for the remainder of the contract term.	

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 checked="" 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.

RSI maintains and supports MRS' collection system. RSI uses data services from a provider to update taxpayer addresses and phone numbers in the system. By utilizing these services, MRS has been able to reduce returned mail and increase collection revenue. Data services are charged per address/telephone number update. An amendment to the contract is needed to increase funds for data services for the remainder of the contract term as the estimate used for number of updates in the original contract is not sufficient.

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

RSI maintains and supports MRS' collection systems. The system is proprietary and only RSI has the ability and expertise to maintain the system.

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

MRS has determined the cost of data services through RSI is fair and has remained consistent since the inception of the contract.

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

In September, 2019 MRS contracted with FAST Enterprises to implement GenTax software which is an integrated tax administration software. The new system will incorporate collection functions and replace the current system.

### 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:	Jenny Boyden, Associate Commissioner	Date:	4-13-22
Signature of DAFS Procurement Official:	 <small>DocuSigned by: EA813178102243C...</small>		
Typed Name:	Joseph Zrioka	Date:	4/19/2022