



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:		Office of State Controller	
Department Contract Administrator or Grant Coordinator:		Barbara Bachman, Systems Team Leader	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 353,372.00	Advantage CT / RQS #:	2020011000000000603
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	1/1/2020	Effective Date:
	Previous End Date:	4/30/2023	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


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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input checked="" 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.	
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. Reference the RFP number, if applicable.	
InforGLOBAL originally built this system (i.e., the creator of the source code) and do not partner with any 3 rd 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.	
Extension considerations beyond 4/30/2024 are included in the attached extension.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):	 Digitally signed by Cotnoir, Douglas E Date: 2023.04.06 14:24:12 -04'00'		
Typed Name:		Date:	

Procurement Justification Form (PJF)

Signature of DAFS Procurement Official:	<p>DocuSigned by: <i>Joseph Zrioka</i> EA813178102243C...</p>		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	4/6/2023