



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:		Workers' Compensation Board	
Department Contract Administrator or Grant Coordinator:		Jan M. Adams	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,472.00	Advantage CT / RQS #:	RSQ 90C 20230412.1260
<b>CONTRACT</b>	Proposed Start Date:	<b>5/25/2023</b>	Proposed End Date: 5/26/2024
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Software Technology, LLC 1621 Cushman Drive Lincoln NE 68512	
Brief Description of Goods/Services/Grant:		Computer software server & user licenses – annual maintenance	

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.

This is annual maintenance for server & software licenses for an off-the-shelf application known as Practice Master. The Board's Worker Advocate Program has used Practice Master since 2016 to manage client files and support litigation.

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

The Board's Worker Advocate Program is required to provide legal services to qualified injured workers with workers' compensation claims in Maine. Title 39-A section 153-A. Working out of five (5) offices state-wide, the Advocate Program needed software to effectively manage its case load. The Board consulted MeIT and did a survey of off-the-shelf software with features for litigation case management. Practice Master was selected as the lowest cost product with the most needed features to support management of the Advocate Program cases.

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

The Board opted for this off-the-shelf product based on its low cost compared to custom products or other off-the-shelf products providing the same functionality. The annual maintenance costs were considered during the original procurement process and were lower than other products considered.

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

The Advocate Program plans to continue operating using Practice Master software for the near future (3 + years) due to the costs and loss of efficiency involved with conversion to a different application.

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

Does this request utilize ARPA/MJRP funds?

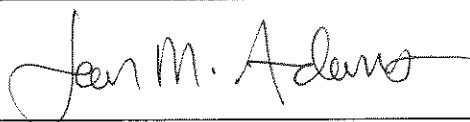
Yes – If Yes, please attach the approved Business Case(s).

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: Jan M. Adams

Date: 4/12/2023

Signature of DAFS Procurement Official:	<p>DocuSigned by: <i>Joseph Zrioka</i> EA813178102243C...</p>		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	4/19/2023