



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Labor, Bureau of Unemployment Compensation		
Department Contract Administrator or Grant Coordinator:		Suzan McKechnie, BUC Director		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$ 1,054,169	Advantage CT / RQS #:	CT 12A 20180827*0695
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a 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:		Mississippi Department of Employment Security, PO BOX 1669, Jackson, MS 39215		
Brief Description of Goods/Services/Grant:		ME is responsible for costs related to shared system application support tools.		

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 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
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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.

The Maine Department of Labor is part of the ReEmployUSA consortium, which administers contracts for the states' unemployment benefits and tax systems. Maintaining the system is critical to providing unemployment benefits to Maine workers who lose their job through no fault of their own.

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

The Mississippi Department of Employment Security is the contract holder for the ReEmployUSA vendor, Tata Consultancy Services. Mississippi selected the vendor through an independent request for proposals and had been operating their system. Maine subsequently joined the consortium. Though we use direct billing to reimburse TCS for services rendered, we still are responsible for reimbursing MS for shared costs related to tools used to support the system.

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

The costs are a continuation of those already in place. The participating states share in the cost of operating the core system.

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

We are in the process of issuing an RFP, anticipated release by the end of February.

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

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.


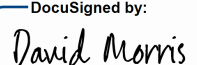
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kimberly A. Smith, Deputy Commissioner	Date:	3/27/2025
Signature of DAFS Procurement Official:	<div>DocuSigned by:  2A644AF5681F482...</div>		
Typed Name:	David Morris	Date:	4/25/2025

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