

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Technology	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Ryan Roberts	
(If applicable) Department Reference #:		OIT-19-109 D	
Amount: (Contract/Amendment/Grant)	Amend \$33,094.68 Total \$ 804,634.13	Advantage CT / RQS #:	CT 10A 20181204000000001800
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	1/1/19	Effective Date:
	Previous End Date:	3/15/20	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		FEI.com, Inc. Columbia, MD	
Brief Description of Goods/Services/Grant:		Technology	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The purpose of this amendment is to allow for a 15-month extension. The Provider has agreed to provide a credit of \$190K as a result of unmet deliverables. The total cost of this amendment/extension is \$33,094.68.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

OIT does not have the current resource capacity to rapidly meet the overall needs of developing a system that would capture all that is needed with the flexibility to adjust the system quickly. The existing system could be rewritten to address the technical limitations but would still need additional changes to meet new business requirements.

OIT recommends acquiring, when available, Commercial-Off-the-Shelf computer application services. OIT's IT Product Acquisition (COTS) Policy recommends "reusing" or "buying" over state staff building a new system. The Provider's system was developed by a consortium of States to meet the federal requirements, so use of this system is the most cost-effective solution. Industry research was done to identify if other TDS systems are available and showed that there is only one other custom developed application, currently in use by only one State, which would not meet all of Maine's requirements without modification. There isn't a current support model for multiple state use for this other application, as exists for the WITS (Web Infrastructure for Treatment Services) consortium.

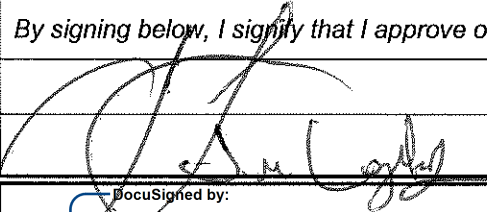
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

This is a \$0-dollar amendment. Provider has offered a \$190K credit for unmet deliverables related to the Data & Reporting Warehouse. This credit will be applied to the 15-month extensions associated with this amendment.

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

Competitive processes are used for technology replacements. In this case there may be potential for use of additional features within WITS that provide a cost-effective solution. During this agreement, as features and technical solutions are evaluated by the Program administrator and OIT, they will be compared against other available products and discussed with the DAFS/Division of Purchases to determine a future procurement strategy that includes a competitive process.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	23-Apr-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	5/5/2020