



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:		Susan T. Smith	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ \$768,770.00	Advantage CT / RQS #: 20200702*0021
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2020	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:		Fairfax Imaging, Incorporated DBA Fairfax Software, Incorporated 2005 Pan Am Circle Drive, Suite 110 Tampa, FL 33607	
Brief Description of Goods/Services/Grant:		Provides image and data capture system maintenance, including forms definitions and modifications.	

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.

Maine Revenue Services (MRS) administers all major tax programs that support Maine state government, including 49 tax types and 132 unique forms. Efficient operations and continuity of services is imperative for the prompt tax processing and depositing of electronic payments. Maintenance of the image and data capture system, as well as forms modification, is necessary to stay in conformity with current law.

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

Fairfax Imaging's *Quick* Modules are proprietary software utilized for MRS' integrated workflow processing, including mail handling, imaging, data recognition, and electronic presentment, retrieval, and tracking. There are no other resources to perform the necessary software modifications or maintain and troubleshoot the image and data capture system's many inter-related modules.

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

Fairfax Imaging has provided a quote for a new contract period. The quoted rate of \$185/hour is consistent with the rate charged for the last contract period.

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

Currently, there are no other contractors with the legal right to modify existing forms and/or develop new forms in the proprietary software programs. We will evaluate if there are opportunities with other vendors at the end of the contract period and utilize a competitive bid process if appropriate.

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

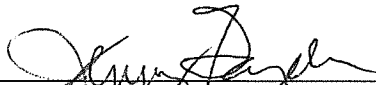

Does this request utilize ARPA/MJRP funds?

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:	5-4-22
Signature of DAFS Procurement Official:			
Typed Name:	5/10/2022	Date:	5/10/2022