



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:		DHHS/MECDC/Drinking Water Program		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		OIT-23-B39		
Amount: (Contract/Amendment/Grant)	\$60,000	Advantage CT / RQS #:	RQS 10A 20220506000000001304	
CONTRACT	Proposed Start Date:	07/01/2022	Proposed End Date:	06/30/2024
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:		Global Environmental Services, Inc Scottsdale, AZ		
Brief Description of Goods/Services/Grant:		Support of software application – SDWIS – Maine CDC Safe Drinking Water program		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

SDWIS is a software application provided by the EPA but supported for use of the State of Maine by the Provider. This request is for continued software support/maintenance of the Safe Drinking Water Information System application. The application tracks water system installations. The support of SDWIS/State requires a specialized knowledge of the software application. This knowledge is not available within either the Department's Drinking Water Program or within State OIT. Software changes and modifications are necessary throughout the licensed year and without this service SDWIS would become unusable.

Services include:

- Consultation to provide expert advice and technical support when staff experience data processing problems.
- Creating complex data assessments to assist program staff with compliance determinations.
- Troubleshooting data processing errors that are related to state-specific interpretation/application of the Safe Drinking Water Act.
- Providing ad-hoc problem-solving with compliance and IT staff to guide staff to solutions to unexpected problems with the SDWIS software.
- Assisting with Fed Rep installation issues as new releases become available from EPA. Assist with error report corrections.
- Assisting with installation of new releases of SDWIS/State and SDWIS Prime (or the SDWIS modernization project – TBA).
- Data cleanup or assistance with tasks, e.g., data verification, troubleshooting, and error resolution where any problems emerge with these new products.
- Assisting the State DBA in conducting DBA activities as necessary to assist in maintaining the SDWIS database and client connectivity.

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

The Provider works with states on compliance with the Safe Drinking Water Act. A key part of compliance for a State that uses SDWIS is the integration of software it uses. Current State staff does not have the necessary training and knowledge to support this system. Other States contract with the Provider for this work because there is no availability of support from other public users. The Provider already has knowledge of the Department's Drinking Water Program SDWIS structure.

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

The hourly billing rates given in the quote are in-line with other contracts that have been in place for similar maintenance and modification work. The rates quoted by the Provider are lower than other available commercial rates. The Department considers these costs fair and reasonable.

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

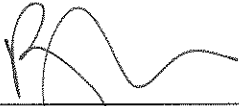
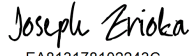
The Department does not intend to RFP at this time.

### 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:	<i>Ben Moran</i>	Date:	5/18/22
Signature of DAFS Procurement Official:	 <small>DocuSigned by: EA813178102243C...</small>		
Typed Name:	Joseph Zrioka	Date:	5/25/2022