



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, Bureau of Revenue Services			
Department Contract Administrator or Grant Coordinator:	Rhonda Ainslie			
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 5,004.52	Advantage CT / RQS #:		
CONTRACT	Proposed Start Date:	1/1/2023	Proposed End Date:	12/31/2025
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:	Lyons Commercial Data 9711 Washingtonian Blvd Suite 440 Gaithersburg, MD 20878			
Brief Description of Goods/Services/Grant:	License Renewal Fee			

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.

The Lyons Commercial Data product is an integral part of Maine Revenue Services (MRS) ACH Debit and Direct Deposit Refund processing. This product is utilized to verify bank routing numbers to prevent invalid attempts to process ACH Debit and Direct Deposit Refund transactions, mitigating risk and fraud.

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

Lyons' routing number verification processes are built into the agency ACH Debit and Direct Deposit Refund processes.

There is no way that the process can be replaced or removed from the existing MERITS system without significant redesign and development efforts by MRS and MaineIT.

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

The annual license cost is comparable with previous years license costs.

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

The product will become unnecessary when the agency implements its new holistic system.

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

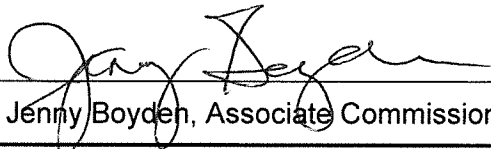
Does this request utilize ARPA/MJRP funds?

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:	5-5-23
Signature of DAFS Procurement Official:			
Typed Name:		Date:	