



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:		Corrections		
Department Contract Administrator or Grant Coordinator:		Jennifer Michaud		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	20,750.00	Advantage CT / RQS #:	03A 20250313*1298	
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/30/2026
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:		Orbis Partners Dallas, TX 75320-0701		
Brief Description of Goods/Services/Grant:		Annual subscription to SPIn-W software – including hosting, maintenance & support		

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 checked="" 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.

This request is for the Department's annual subscription to the proprietary Orbis Partners, Inc. Service Planning Instrument for Women (SPIn-W). The subscription cost covers 125 users, annual hosting, maintenance & full support of the SPIn-W tool. SPIn-W is a research-based gender responsive risk assessment and case management tool that is critical to the delivery of risk reduction services to women and girls served by the Maine Department of Corrections.

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

SPIn-W is a proprietary software product from Orbis Partners, Inc. No other government entity or public resource can provide the software.

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

The vendor's price has increased 2% over the previous year, which the Department feels is fair and reasonable. Annual increases on software maintenance are an industry standard.

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

The Department has adopted this gender specific risk assessment as the primary tool for determining domain specific risk /protective factors, appropriate types of programming needs and risk /security levels. Given the amount of time and resources involved with training field and facility staff across the state and incorporating it into daily operations the Department will continue to seek waivers of competitive bid for the utilization of this risk assessment tool.

The Department will work to create a SOW with Orbis Partners and purchase through the competitively bid Master Agreement MA - 23070500000000000001 .

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


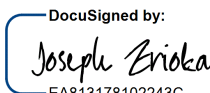
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ 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.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):	 <small>74A20E43E4BA469...</small>		
Typed Name:	Scott Goulette	Date:	5/5/2025
Signature of DAFS Procurement Official:	 <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	5/19/2025

The service is not proprietary. Other vendors could bid for the service. PJF needs to be posted.