



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:		DAFS/OSC	
Department Contract Administrator or Grant Coordinator:		Sandra Royce	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$97,775.50	Advantage CT / RQS #:	20220322000000001044
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	04/01/2017 4/1/2022
	Previous End Date:	New End Date:	03/31/2022 3/31/2027
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		CaseWare International – T07861U PO Box 7861, STN. A, Toronto, ON M5W 2R2, CA Mailing address for payments: <b>CaseWare Cloud LTD</b> <b>PO Box 7861, STN. A</b> <b>Toronto, ON M5W 2R2 Canada</b> <b>T07861U</b>	
Brief Description of Goods/Services/Grant:		5 years of licenses for OSC and OSA for Caseware Software	

## 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
<b>x</b>	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

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.

To add an additional 5 years for the annual license & administrative fee for OSCs annual financial reporting software - Caseware. International. Cost will be shared with Office of the State Auditor equally – each department having 5 licenses.

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

Caseware is the sole provider of the software. BPO 18F 20170321\*1139

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

Per discussion with Caseware – they sent an annual cost for 10 licenses with a 3.5% maximum annual increase. They also add a \$25 administrative fee per year (not sure if that will increase so added a little more than that annually)

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

If OSC decides to change vendors an RFP will be done

### 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 VI

### PART V: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
	Cotnoir, Douglas E <small>Digitally signed by Cotnoir, Douglas E Date: 2022.05.10 14:28:31 -04'00'</small>		
Printed Name:	Douglas E. Cotnoir	Date:	5/10/22
Signature of DAFS Procurement Official:	<i>Joseph Zrioka</i> <small>EA813178102243C...</small>		
Printed Name:	Joseph Zrioka	Date:	6/2/2022