



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/IT/CSC Software		
Department Contract Administrator or Grant Coordinator:		Merica Tripp		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 5,800.00	Advantage CT / RQS #:	RQS 18B 20230526-1484	
CONTRACT	Proposed Start Date:	6/1/2023	Proposed End Date:	5/31/2024
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:		Submit Software Solutions LTD 1 Victoria House, Victoria Road Cork City, Cork County, Ireland, T2 NX76		
Brief Description of Goods/Services/Grant:		RHPCP Online Platform		

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 Maine Center for Disease Control and Prevention (Maine CDC) Rural Health and Primary Care Program's (RHPCP) mission is to promote and assure access to quality health care for Maine's residents living in rural and medically underserved areas. This is accomplished through administration of a number of federal grants and workforce programs including the Rural Medical Access Program, the Maine Tax Credit Program, the J-1 Conrad 30 Program and the State Loan Repayment Program. Currently, these workforce programs are administered via mail and email using paper-based forms. Using paper-based forms not only uses valuable storage space but it also makes remote review of applications difficult, makes gathering data from the forms reporting tedious and can pose security issues if paper forms are misplaced or lost.

An online application process will provide the ability to capture data in a way that will make administration of these programs more efficient and secure. Online applications will not only save physical space, also allow for easier review and will store data in a way that is secure and can be easily searched and reported out as required by various funding sources. It is also believed that it will be looked on favorably by reviewers of the programs grant application as they compete for funds through the State Loan Repayment Program.

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

Part of the product selection process, RHPCP reviewed three available products: Submit.com, Submittable, and WizeHive. Submit.com was selected as the most viable solution for the business due to its features, favorable cost and customer reviews.

It is a submission management software tool designed to simplify form management, data analytics, and compliance.

In addition, a review was completed by OIT resulting in a white paper and approval to move forward.

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

This was the most viable solution due to product reviews conducted by RHPCP. Currently there does not exist a reseller that are able to provide a quote for the product. The only solution is to purchase it directly through Submit.com

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

Prior to renewal research will be undertaken to determine if there exist a more favorable cost available via a reseller. Lacking that it will need to be procured using this manner.

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


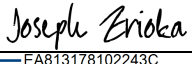
Does this request utilize ARPA/MJRP funds?

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):	<small>DocuSigned by:</small>  <small>A29C99359A37464...</small>		
Typed Name:	Nicholas Marquis, Interim CIO	Date:	5/30/2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	5/30/2023