



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/Vital Records		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Melinda Farrell		
(If applicable) Department Reference #:		OIT-24-B11		
Amount: (Contract/Amendment/Grant)		\$ 17,588.00	Advantage CT / RQS #:	RQS 10A 2023030900000001086
CONTRACT	Proposed Start Date:	07/01/2023	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:		Elekta Inc Atlanta, GA		
Brief Description of Goods/Services/Grant:		Central Registry Software and Support		

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.

The contractor provides central registry database software and support for the State Cancer Registry and licenses for 21 small and medium sized Maine Hospitals.

Cancer Surveillance is mandated by Maine State Stature MRSA 22 1401-1407.

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

CDC provides software at no cost but there is insufficient support for our program to adopt this software. Also, switching software would be costly and require a major effort for which we do not have adequate staffing.

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

The list price of this software is \$192,600.00 but the discount brings the cost to the state of Maine down to \$17,588.00. There are no software packages for this price or lower which also have the features of this package.

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

Elekta is planning to transition to a remote-hosted version of this system in the coming year or two. That will be analyzed, and a market survey will be done. An RFP may be scheduled after this effort.

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

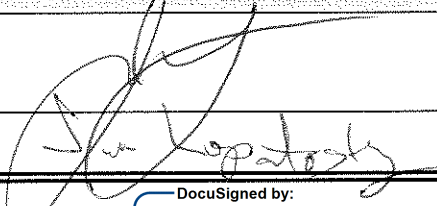
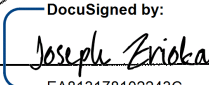
Does this request utilize ARPA/MJRP funds?

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:		Date:	2/16 - Mar-23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	5/31/2023