



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:		DHHS/Maine CDC/Infectious Disease Epidemiology	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		OIT-25-137	
Amount: (Contract/Amendment/Grant)	\$862,950.00	Advantage CT / RQS #:	CT 10A 202410010000OIT25137
CONTRACT	Proposed Start Date:	11/1/2024	Proposed End Date: 10/31/2026
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:		InductiveHealth Informatics LLC Atlanta, GA	
Brief Description of Goods/Services/Grant:		Software as a Service (SaaS) solutions and hosting for NEDSS Base System (NBS)	

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 Department is working to make it's NBS instance more stable and sustainable. A NEDSS (National Electronic Disease Surveillance System) system is a requirement from the Federal CDC for infectious disease reporting. Maine selected in 2005 to use the federally provided surveillance system (NBS). Beginning in 2020, NBS and associated systems began to grow exponentially in size. This data must be maintained in an easily accessible fashion for the life of the individual. In addition, this data needs to be highly available for data analysis and reporting both federally and at the state level. A core requirement is a high level of data security since this data is identifiable patient data. The current infrastructure is aging and cannot support the dramatic increase in data size. In addition, the current support system needs to be enhanced to provide the sustainability required. Supporting NBS is now beyond Maine OIT's capacity, and they are strongly recommending SaaS implementation.

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

InductiveHealth is the only provider of cloud-hosted NBS SaaS services and support. They are a partner in good standing with Amazon Web Services for public health programs.

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

InductiveHealth provides NBS support to multiple states ensuring fair and reasonable costs. Through negotiation, the Department identified what services are essential and which components InductiveHealth can support that the Department cannot support internally.

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

The Department does not plan to RFP this service.

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

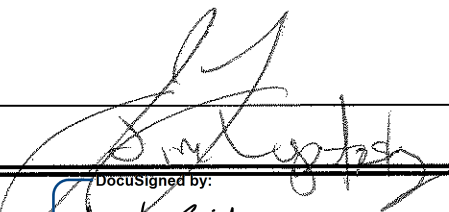
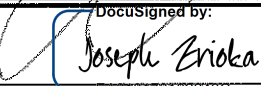
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

- ☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

Procurement Justification Form (PJF)

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	19-May-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Joseph Zrioka EA813178102243C...</small>		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	6/4/2025