



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:		DAFS/OIT/CSC Software		
Department Contract Administrator or Grant Coordinator:		Merica Tripp		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$ 6,800.00	Advantage CT/RQS #:	RQS 18B 20250610*1890
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:		Submit Software Solutions LTD 1 Victoria House, Victoria RD 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. Historically, these workforce programs were administered via mail and email using paper-based forms. Not only did this method use valuable storage space but also made remote reviewing of applications difficult, made gathering data from the forms for reporting tedious, and could pose security issues if forms are misplaced.

Since the RHPCP has been using Submit.com, the administration of the workforce programs have been more efficient and secure. Online applications have not only saved physical space, but they also have allowed for easier review, have stored data securely, and can be searched easily and reported out as required by various funding sources. In addition, this process may be looked on favorably by reviewers of the program's grant application as the RHPCP competes 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. Purchasing directly through Submit.com is necessary as software resellers are not able to provide quotes for this product.

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

PART III: SUPPLEMENTAL INFORMATION

Prior to renewal, research will be undertaken to determine if the software may be obtained through a reseller. If not, the purchase will be made directly.

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.

Signature of requesting Department’s Commissioner (or designee):	DocuSigned by:  <small>A29C99359A37464...</small>		
Typed Name:	Nicholas Marquis, Chief Information Officer	Date:	6/17/2025
Signature of DAFS Procurement Official:	DocuSigned by:  <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	6/17/2025