



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:		DPFR / Insurance	
Department Contract Administrator or Grant Coordinator:		Vanessa J. Sullivan 207-624-8468	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 100,000	Advantage CT / RQS #:	20220608 3263
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date: 6/30/2024
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:		Jenny L. Jeffers, Managing Member 2248 Trescott Drive Tallahassee, FL 32308-0928 Office: 850-264-1758 Facsimile: 850-385-9469	
Brief Description of Goods/Services/Grant:		Information Technology System Internal Control Review Services in support of the Insurance Company Financial Examination Process	

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 insurance company financial examination process, promulgated by the National Association of Insurance Commissioners (“NAIC”), emphasizes internal control assessment. As such, insurance company information technology general control (“ITGC”) assessment is a paramount element in the insurance company financial examination process. The Maine Bureau of Insurance (“MBOI”) must provide effective ITGC review in support of each financial examination performed by the MBOI. This contract will allow for effective ITGC and IT environment assessment work in support of the MBOI’s insurance company financial examination process.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The MBOI recently lost its IT Control team member as the result of an internal promotion. As the MBOI has recently experienced, IT Control experts are extremely difficult to find, hire, and train. The MBOI has concluded that the most cost-effective strategy is to have IT Control assessment work performed by a leading provider with significant Society of Financial Examiners experience. Jennan Enterprises, LLC (“JEL”) is a leading IT Control firm closely associated with the Society of Financial Examiners (“SOFE”). JEL is unlike other firms that offer examination services as JEL <u>specializes</u> in assisting state insurance regulators with ITGC assessment work in support of NAIC compliant financial examinations.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The JEL IT Control assessment specialist hourly rate is \$150. The JEL hourly favorably compares to other IT Control specialist firms.
4. Describe the plan for future competition for the goods or services.	Ideally, the MBOI will attempt to hire an IT Control specialist. The MBOI does not intend to pursue the request for proposal option in the future.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):	<i>Anne L. Head</i>		
Typed Name:	Anne L. Head	Date:	7/6/2022
<small>DocuSigned by:</small>			
Signature of DAFS Procurement Official:	<i>Martha Verhille</i> <small>891CE7A1493D45B...</small>		
Typed Name:	Martha verhille	Date:	7/18/2022