



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: | | 07A Governor's Office | |
| Department Contract Administrator or Grant Coordinator: | | Jeremy Kennedy | |
| (If applicable) Department Reference #: | | | |
| Amount: (Contract/Amendment/Grant) | \$ 44,013.96 | Advantage CT / RQS #: | CT - 07A 2019020400000002234 |
| CONTRACT | Proposed Start Date: | | Proposed End Date: |
| AMENDMENT | Original Start Date: | 2/1/2019 | Effective Date: |
| | Previous End Date: | 6/30/2022 | New End Date: |
| GRANT | Project Start Date: | | Grant Start Date: |
| | Project End Date: | | Grant End Date: |
| Vendor/Provider/Grantee Name, City, State: | | VS0000019590 Leidos Digital Solutions, Inc. 2700 Prosperity Avenue, Suite 200 Fairfax, VA 22031 | |
| Brief Description of Goods/Services/Grant: | | 25 IQ users, support and Govcloud base | |

| 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 checked="" 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 Office of the Governor requires a Citizen Relationship Management and Business Process Management Software System to effectively serve the citizens of Maine. The system will facilitate communication between Governor's Office (and Maine State Government) and citizens. The system will receive or distribute communication and route it per the business rules established. The system must support web browsers, tablets and smart phones. The system must be easy to use while being secure. A commonly used, configurable, cloud based COTS application is required so it may be immediately provisioned to the Governor's Office and Citizens of Maine. These are the annual costs for using the system.

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

The invoice for the annual cost for the Citizen Relationship Management system. No State Government computer system performs these functions.

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

Intranet Quotient is available through the State of Maine selected software reseller SHI; however, at a higher cost.

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

If Intranet Quotient is not available through the competitively chosen software reseller, other COTS packages to meet these needs will be studied.

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

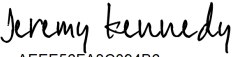
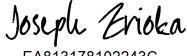
Does this request utilize ARPA/MJRP funds?

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>  | | |
| Typed Name: | <small>AEEE58FA3C094B6...</small> Jeremy Kennedy | Chief of Staff | <small>Date:</small> 7/7/2022 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small>  | | |
| Typed Name: | <small>EA813178102243C...</small> Joseph Zrioka | | <small>Date:</small> 7/20/2022 |