



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:		MCDCP/Division of Disease Prevention/WIC		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		OIT-24-4601		
Amount: (Contract/Amendment/Grant)	\$ 606,900.00	Advantage CT / RQS #:	CT 10A 20230327000000002462	
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date:	9/30/2026
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:		Solutran LLC Minneapolis, MN		
Brief Description of Goods/Services/Grant:		WIC EBT Maintenance and Support Services		

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 purpose of this agreement is to provide ongoing monthly support, maintenance, and an additional test environment as needed to support the fully and successfully implemented WIC EBT system and transition to a new EBT processor for the Department's Women, Infants, and Children (WIC) Program.

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

The Department is exercising the second contract renewal period that was acquired through a Waiver from Competitive Bid (WCB) based on requirements detailed in Montana's RFP. This procurement approach was approved by FNS and the Department to support acquiring a vendor and services to comply with the implementation mandate.

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

The contract for monthly services was negotiated and at .85 cents Cost Per Case Month (CPCM). The Department obtained the Cost per Case Month (CPCM) costs by reviewing rates from other WIC EBT states and compiled an average for implementation services and ongoing system maintenance prior to the initial contract period and are still competitive. Federal funding pays for the eWIC services.

The Department considers these rates to be fair and reasonable.

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

The Department has participated in in the Northeast Coalition of States consortium procurement by contributing to the RFP development effort, scoring, and provider selection. This participation was needed in order to be eligible to leverage terms from that procurement for future services as needed based on the solution and pricing offered through the collaborative competitive procurement, selection, and award.

The Department has received approval to contract from DAFS under the New England Consortium of States competitive procurement. The Department anticipates transitioning to the awarded bidder's solution as soon the awarded bidder can contract with the Department and kick off an implementation/transition project during the extended renewal period selected.

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

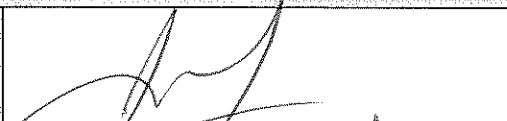
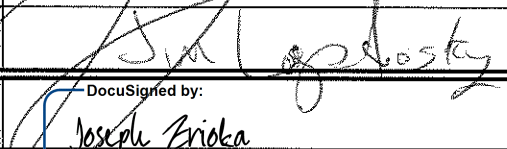
Does this request utilize ARPA/MJRP funds?

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:	1 - May - 23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	7/28/2023