



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 \$10,000 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:		Office of the State Treasurer		
Department Contract Administrator or Grant Coordinator:		Amber Griffin		
(If applicable) Department Reference #:				
Agency Department Code:		Advantage CT / RQS # :	20231227000000001798	
Amount: (Contract/Amendment/Grant)	\$ Contingency based: 8%			
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	7/31/2028
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		National Association of State Treasurers Lexington, KY		
Brief Description of Goods/Services/Grant:		NAST partnered with the US DOL, maintain a centralized location (SURCH) for 401K distributors to report and remit funds.		

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. Higher Education 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.

[M.R.S.A. Title 33, Chapter 41](#), §1952, paragraph 1 provides that the Office of the State Treasurer shall be responsible for the administration and enforcement of Maine's Unclaimed Property Law. Holders of unclaimed property are located in all states and territories. In order for the Department to properly administer the law and to enforce compliance with the law, it is necessary to seek compliance from unclaimed property Holders throughout the United States. This compliance is achieved with the cooperation of the 401K distributors through the Vendors centralized location to report and remit funds on behalf of the Department for unclaimed property due the State of Maine.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

See attached **Market Research and Sole Source Justification**.

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

Rates are charged on a contingency fee basis. The Vendor charges a contingency based fee of 8% of the funds they recover for the State of Maine.

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

NAST is currently the only Vendor offering this service. The Treasurer's Office is willing to meet with any interested party to communicate our business needs and remain open to fostering competition in this extremely specialized market. Once a second provider is operating successfully, we will transition this contract from sole source procurement to a competitive award.

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

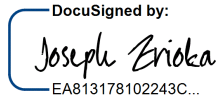
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Laura Hudson	Date:	7/28/2025

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	7/28/2025