

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

### PART I: OVERVIEW

Department Office/Division/Program:		MCDC/Division of Disease Prevention/Maternal & Child Health	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Lisa Munster	
(If applicable) Department Reference #:		OIT-20-4601A	
Amount: (Contract/Amendment/Grant)	Orig: \$1,718,390.00 Amend: \$32,600.00 Revised: \$1,750,990.00	Advantage CT / RQS #:	CT 10A 20190715*0159
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	9/1/2019	Effective Date:
	Previous End Date:	7/31/2021	New End Date: 9/30/2021
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Solustran LLC	
Brief Description of Goods/Services/Grant:		WIC EBT Services	

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

### PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

**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 Department and Health and Human Services (DHHS), Women, Infants, and Children (WIC) Program, is required to meet a United States Maine WIC Program Office of Agriculture, Food and Nutrition Service (FNS) federal mandate utilize a statewide Electronic Benefit Transfer (EBT) solution. The primary deliverable is operational WIC EBT online processing services.

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### PART III: SUPPLEMENTAL INFORMATION

This extension is needed to align with the FFY, so that future renewals align with the Federal Fiscal Year. Additionally, the extension provides the ability for the Passamaquoddy Tribe 'piggyback' on the existing contract leveraging language that offers the Maine contract to other entities so they may implement their eWIC EBT system in compliance with USDA FNS federal statute and requirements. Passamaquoddy tribe anticipates a 7/1 start date for implementation activities.

#### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The core specifications of the EBT system is mandated by FNS. Above those core requirements, Solutran's distinctive solution provides an integrated mobile application (included within the CPCM cost) that WIC participants may use to change their personal identification number, check their current WIC benefits and balance, locate a store that accepts WIC payments, and several other end user features. Further, Solutran offers a separate, unique mobile application solution for WIC Participants to utilize their electronic benefits at Farmer's Markets.

FNS approved the State of Maine to proceed with this unique solution to meet the federal mandate and leverage systems already built to reduce overall costs to the Federal program. While it is noted that another vendor, Conduent, can provide this service, the Department already explored that idea by attempting negotiations with them. Conduent currently provides the EBT solutions for non-WIC services. Because of a previous RFP that resulted in a non-award and negotiations with Conduent did not result in a successful conclusion, FNS (the funder of this project) supports the State to continue to utilize this unique solution provided by Solutran, Inc.

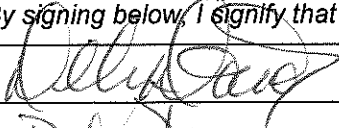
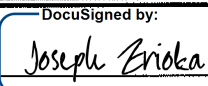
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department initially obtained the Cost per Case Month (CPCM) from other WIC EBT states and compiled an average for ongoing system maintenance. This exclusive solution provides the State the ability to meet the mandate and gain a system that is competitively priced. The Department received a Statement of Work from Conduent with a CPCM charge of \$1.40, whereas other neighboring States had CPCM charges of \$.95 (New Hampshire), \$.95 (Vermont), and \$.95 (Rhode Island). Solutran's Statement of Work has a CPCM cost of \$0.85, that includes additional system functionality and capabilities that were not included in the CPCM rate in other vendor's Statements of Work. The rate also includes ongoing support for the add-on feature of a Farmer's Market application. The Department considers these rates to be fair and reasonable. Passamaquoddy tribe has independently negotiated their terms leveraging a separate grant.

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

The Department intends to competitively procure these services with a 10/1/2029 contract start date.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	By signing below, I signify that I approve of this procurement request.		
			
<b>Printed Name:</b>	Debra Donovan	<b>Date:</b>	7/21/2021
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: 		
<b>Printed Name:</b>	Joseph ZrToka <small>EA813178102243C...</small>	<b>Date:</b>	8/5/2021