

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OFI			
Department Contract Administrator or Grant Coordinator:		Matt Galletta/Shawn Belanger			
(If applicable) Department Reference #:		OFI-21-135			
Amount: (Contract/Amendment/Grant)		\$ 10,000.00	Advantage CT / RQS #:		RQS 10A 20210604000000001149
CONTRACT	Proposed Start Date:	4/1/2021	Proposed End Date:	3/31/22	
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:		SmartyStreets – Provo, Utah			
Brief Description of Goods/Services/Grant:		Address verification Application Programming Interface (API) 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
	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 Department's Office for Family Independence (OFI) is responsible for gathering and maintaining various client information and data for public assistance and eligibility determination. A client's address is one of the most critical pieces of information and data that must be verified, in order to determine an individual eligible to receive benefits. OFI collects an address from every individual client and/or household.

The Provider will implement an API solution for the OFI consisting of an Autocomplete Pro API, which presents form users with pre-validated, pre-standardized address data as a drop-down GUI when using forms.

The Provider will give OFI the ability to accurately verify addresses, enter them into our system, and retain them as a part of the client's benefit case. This will provide a significant reduction in manual address entry errors and will also bring costs savings with less returned mail and mail that must be resent because the address was incorrect.

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PART III: SUPPLEMENTAL INFORMATION

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

SmartyStreets uses recognized United States Postal Service data, which will ensure that the address entered into the ACES system is accurate and verified. SmartyStreets updates their data on a monthly basis, coinciding with the United States Postal Service national database updates, which would ensure that OFI has all current address information at the time of entry or update.

The vendor implementing the My Maine Connection replacement system recommended this product to accompany the related system work. This product has been used in conjunction with Salesforce in previous Integrated Online Solution implementation projects, ensuring the two tools do not have any operational conflicts and expediting the integration of SmartyStreets with ACES and My Maine Connection replacement system.

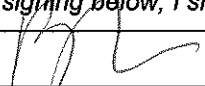
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

This would represent an approximate cost of .27 cents for verification and validation of the current 360,000+ addresses in the ACES system. The Department considers these costs to be fair and reasonable.

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

OFI will conduct research to determine if there are any other address verification systems or software that would cost less and achieve greater benefits. The Department does not intend to RFP this service.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
Printed Name:	<i>David Morris</i>	Date:	<i>7/28/21</i>
	<small>DocuSigned by: 2A644AE5681E482</small>		
Signature of DAFS Procurement Official:	<i>David Morris</i>		
	<small>2A644AE5681E482</small>		
Printed Name:	David Morris	Date:	8/30/2021