



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:		DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Nicole Mitchell		
(If applicable) Department Reference #:		ECE-26-6100		
Amount: (Contract/Amendment/Grant)		\$ 324,000.00	Advantage CT / RQS #:	CT 10A 20250617000ECE266100
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/30/2026
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:		Morpho USA Inc Reston, VA (formerly: Chicago, IL)		
Brief Description of Goods/Services/Grant:		Fingerprinting Services for Child Care Providers		

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. 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 Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS) is designated as the Lead Agency with primary responsibilities for the planning and administration of child care subsidies funded by the Child Care and Development Block Grant (CCDBG).

The OCFS is required to comply with the Child Care and Development Block Grant (CCDBG) Act (42 U.S.C. § 9857 et seq.), as amended; section 418 of the Social Security Act (42 U.S.C. § 618); 45 CFR Parts 98 and 99. The CCDBG Act Background Check requirements, in accordance with section 658H(i)(1), must be met to allow the State access to the federal funding that supports the Maine Child Care Affordability Program. Health and safety standards established by the CCDBG Act require all Licensed Child Care Providers regardless of whether they receive CCDBG funding and all License-Exempt Child Care Subsidy Program Non-Relative Child Care Providers who receive CCDBG funding, to be subject to comprehensive background checks. In 2014, the CCDBG Act was reauthorized and a provision to the background check rule was implemented to include a fingerprint check of the FBI criminal history database.

As Legislation passed in LD 274, State of Maine Statute Sec. 6. 22 MRSA §8302-A, sub-§3 Payment for Criminal Background Checks, requires those fees for Criminal Background Checks for child care providers as defined above, must be paid by the Department from the funds available under the CCDBG.

This Agreement is intended to provide digital fingerprinting services at no cost, to child care providers who are subject to Comprehensive Background Checks as required by the CCDBG. The information obtained from the fingerprint scans will be submitted to the State of Maine.

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

The Maine Department of Public Safety, Maine State Police/State Bureau of Identification (SBI) is the only entity within the State that can submit fingerprints to the Federal Bureau of Investigation (FBI) for processing.

Maine SBI is a party in a tri-State agreement with New Hampshire and Vermont, and per the agreement, consensus decisions are required for the selection of contract vendors. The tri-State system uses the vendor Morpho USA Inc. for the shared tri-State AFIS (Automated Fingerprint Identification System). Per the tri-State agreement, Maine can only utilize Morpho USA Inc. for these services.

Morpho USA Inc. has a registration portal, sites for applicants to be fingerprinted electronically, and result mechanisms for agencies to view State and federal results following all audit guidelines and protocols. In addition, the Provider has designed, engineered, and deployed portal changes to reflect CCDBG Act requirements.

PART III: SUPPLEMENTAL INFORMATION

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

The agreed upon rates are the same as those charged to the Department of Public Safety, Maine State Police/SBI.

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

The Department does not plan to RFP for these services in the future, as Morpho USA Inc. is the only provider of Digital Fingerprint Services utilized by the SBI.

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.

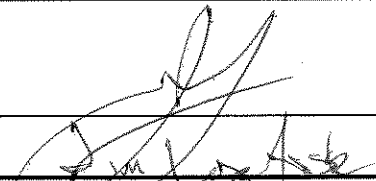

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	15-Jul-25
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	8/11/2025