

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:		DHHS/OBH/Technology	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Jennifer Levesque	
(If applicable) Department Reference #:		OIT-19-109E	
Amount: (Contract/Amendment/Grant)	\$804,634.13 Amend \$71,951.52 Total: \$876,585.65	Advantage CT / RQS #:	CT 10A 20181204000000001800
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	1/1/19	Effective Date:
	Previous End Date:	6/15/2021	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		FEI.com, Inc. Columbia, MD	
Brief Description of Goods/Services/Grant:		Technology	

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

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 purpose of this amendment is to allow for a 3.5-month extension as we transition into an alternative SUD reporting system.

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

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

OIT does not have the current resource capacity to rapidly meet the overall needs of developing a system that would capture all that is needed with the flexibility to adjust the system quickly. The existing system could be rewritten to address the technical limitations but would still need additional changes to meet new business requirements.

OIT recommends acquiring, when available, Commercial-Off-the-Shelf computer application services. OIT's IT Product Acquisition (COTS) Policy recommends "reusing" or "buying" over state staff building a new system. The Provider's system was developed by a consortium of States to meet the federal requirements, so use of this system is the most cost-effective solution. Industry research was done to identify if other TDS systems are available and showed that there is only one other custom developed application, currently in use by only one State, which would not meet all of Maine's requirements without modification. There isn't a current support model for multiple state use for this other application, as exists for the WITS (Web Infrastructure for Treatment Services) consortium.

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

These rates align with the existing rates with this vendor.

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

Competitive processes are used for technology replacements. In this case there may be potential for use of additional features within WITS that provide a cost-effective solution. During this agreement, as features and technical solutions are evaluated by the Program administrator and OIT, they will be compared against other available products and discussed with the DAFS/Division of Purchases to determine a future procurement strategy that includes a competitive process.

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.

DocuSigned by:

Printed Name: Jim Lopatosky

Date: Aug-23-2021

**Signature of DAFS
Procurement Official:**

Jaime Schorr

Printed Name: Jaime Schorr

Date: 9/8/2021