



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DVEM, Maine Bureau of Veterans' Services	
Department Contract Administrator or Grant Coordinator:		Justine Hutchings, Business Manager	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 7,879.20	Advantage CT / RQS #:	CT 15A 20151201*1956
CONTRACT	Proposed Start Date:		Proposed End Date:
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:		Leidos Digital Solutions, Inc. 29040 Network Place, Chicago, IL 60673-1290	
Brief Description of Goods/Services/Grant:		VA Benefits Form Project	

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 checked="" 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.

Our Veterans Service Officers currently must complete numerous, redundant, forms as a part of the VA claims process. Creating a VA Benefits form within IQ will bring automation and efficiency to the claims process while significantly reducing the amount of man hours spent per case.

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

The Bureau completed the migration of the Bureau's Access databases, digital archives, and paper records into one system, to maintain and improve efficiencies under the original contract with Leidos that created the IQ case management system. All employees need access to view and update the IQ case management system for case management, burial scheduling, park passes, recognition certificates, homeless services, constituent services, hunting/fishing licenses, education benefits etc. Continuation of usage of this system is needed to meet daily work objectives.

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

The 2022 rate for general help desk support is \$157.58, we believe that the increased rate of \$196.98 for Senior Network Engineer support is fair and reasonable.

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

Putting this contract out to bid at this time and potentially selecting a new vendor and case management system would lead to severe inefficiency, a steep learning curve, and a considerable disruption of services to the public, veterans, and their families.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Scott A Young</i> 8EDC934F194048D...		
Typed Name:	Scott Young, Deputy Commissioner	Date:	8/10/2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>Joseph Zrioka</i> EA813178102243C...		
Typed Name:	Joseph Zrioka	Date:	9/1/2022