



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

## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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 / OFI		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		OFI-26-135		
Agency Department Code:	10A	Advantage CT / RQS # :	RQS 10A 20250924000000000528	
Amount: (Contract/Amendment/Grant		\$10,916.43		
CONTRACT	Proposed/Original Start Date:	9/25/2025	Proposed/Most Recent End Date:	9/24/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Insight Public Sector Dallas TX		
Brief Description of Goods/Services/Grant:		Address verification Application Programming Interface (API) services		

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. Higher Education 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'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's eligibility to receive benefits. OFI collects an address from every individual client and/or household.

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

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFAQ) number and the date of award notification, if applicable.

The vendor is on the list of services from the State's Master agreement with Insight Public Sector. The department will establish an agreement with the vendor to meet competitive bidding statute.

Smarty, LLC ("Smarty") uses recognized United States Postal Service data, which will ensure that the address entered into the ACES system is accurate and verified. Smarty 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 Smarty 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.

The Department will continue to utilize the master agreement if available.

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**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 signature below indicates approval of this procurement request.

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

Typed Name:

Date:

24-Sep-25

**PART VII: EMERGENCY – Required only if selecting E. Emergency Justification**

The signature below indicates approval by the Commissioner or designee of this procurement request.

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

Typed Name:

Date:

Signature of DAFS  
Procurement Official:

Signed by:

John Spier

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Typed Name:

John Spier

Date:

9/24/2025