



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:		DHHS/OFI		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Stacy Martin		
(If applicable) Department Reference #:		COM-16-106F		
Amount: (Contract/Amendment/Grant)		Current: \$3,977,195.24 Amendment: \$231,996.12 Revised: \$4,209,191.36	Advantage CT / RQS #:	CT 10A 20150707000000000088
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2015	Effective Date:	7/1/2022
	Previous End Date:	6/30/2022	New End Date:	6/30/2023
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Winxnet LLC, dba Logically Portland, ME		
Brief Description of Goods/Services/Grant:		Managed services KOFAX data/Reporting Solution		

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

Procurement Justification Form (PJF)

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 purpose of this amendment is to extend the agreement with the Provider as the Managed Service vendor for the Department's Office for Family Independence's data and reporting capability (Kofax).

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

The provider has established the hosting technical support for the Kofax capability in alignment with State OIT standards (representing sunk cost), continues to provide strong support in accordance with defined SLA's and has organizational expertise and capacity with the product as they leverage the same product for their own operational needs.

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

Negotiated costs are the same as last year's pricing for the same services.

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

The Department intends to competitively procure these services with a 7/1/2023 contract start date.

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):

Typed Name:

Date:

29-Jun-22

Signature of DAFS
Procurement Official:

Typed Name:

Joseph Zrioka

Date:

10/28/2022