



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 \$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 Riverview Psychiatric Center	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		RPC-25-600	
Amount: (Contract/Amendment/Grant)	\$ 12,142.80	Advantage CT / RQS #:	RQS 10A 20240731000000000146
CONTRACT	Proposed Start Date:	9/1/2024	Proposed End Date: 8/31/2025
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:		UpToDate, Inc Waltham, MA	
Brief Description of Goods/Services/Grant:		Annual enterprise license for online clinical resource portal	


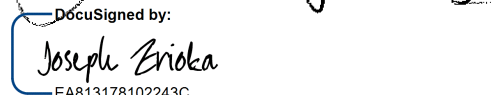
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Foreign Acquisition Options	<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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
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 purchase is for the annual enterprise license of the “Up To Date” online clinical resource portal. This service will provide our physicians with immediate access to essential clinical information to ensure patients receive the highest level of treatment consistent with best practices.	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
This resource is proprietary material produced by and available for purchase only from this particular vendor.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
This resource is purchased via an enterprise license. An enterprise license allows the Department to purchase one license and have the product available to the entire staff of healthcare professionals. The Department considers this cost to be fair and reasonable. The current price of \$12,142.80 reflects a 7% increase from the FY24 price.	
4. Describe the plan for future competition for the goods or services.	
The Department does not intend to RFP this service.	

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</i>	
<input checked="" type="checkbox"/> 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:	2-0ct-24
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	10/28/2024

**The service is not proprietary. Other vendors could bid for the service. Please post.**