



## 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/OFI/DSER		
Department Contract Administrator or Grant Coordinator:	Brienne Carrero / Melinda Farrell		
(If applicable) Department Reference #:	OFI-25-030		
Amount: (Contract/Amendment/Grant)	\$19,998.42	Advantage CT / RQS #:	RQS-10A- 20240906000000000377
<b>CONTRACT</b>	Proposed Start Date:	<b>10/1/2024</b>	Proposed End Date: 9/30/2026
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	TransUnion Risk and Alternative Data Solutions, Inc. Chicago, IL.		
Brief Description of Goods/Services/Grant:	Credit report and locate services for the collection of past due child support.		

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. 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 agreement is to access credit reporting and location services which are required to enable the Department's Division of Support Enforcement & Recovery (DSER) to fulfill its obligations as Maine's Child Support Enforcement Agency under Title IV-D of the Social Security Act and are mandated by 42 U.S.C. 654(8) and 666(7). Accessing credit report and location data provides the Department with income and asset information for parents who need to be or are ordered to pay support. This information contributes to the annual collection of approximately 90 million dollars for children and families.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Vendor has provided the department with credit reporting and services since 2018. Their proprietary data sources include child support debtor income amounts and sources, asset and location information, as well as nationwide court and criminal record information. They gather and provide this information to the Department in one report, accessible via their secure website. This data assists the Department in locating parents, determining parents' abilities to pay support, and identifies income and assets that the Department can lien and or garnish to satisfy support obligations.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The Provider has agreed to keep the same pricing structure in place for the next two-year period so the annual cost will remain at less than \$10,000.00. The Provider's income and asset information allowed the Department to collect nearly \$500,000.00 in state fiscal year 2024. The cost effectiveness of the service equates to the Department collecting fifty dollars for every dollar invested.
4. Describe the plan for future competition for the goods or services.	The Department will continue to solicit quotes for the 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.	


**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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Ben Munn	Date:	10/17/24
Signature of DAFS Procurement Official:	DocuSigned by: William J.E. Allen		
Typed Name:	2D5B6E39F57E44A... William J.E. Allen	Date:	10/30/2024

NOI 1020241280 10/30/2024 - 11/05/2024