



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/D SER Jerry Joy		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Patricia Wall		
(If applicable) Department Reference #:		OFI-23-030		
Amount: (Contract/Amendment/Grant)	\$19,998.42	Advantage CT / RQS #:	RQS 10A 2022101300000000517	
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	9/30/2024
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:		TransUnion Risk and Alternative Data Solutions, Inc. Chicago, IL		
Brief Description of Goods/Services/Grant:		Credit reporting and locate services for the collection of past due child support		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

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 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 reporting 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 more than 100 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 Department contacted the three major credit reporting agencies that provide the service (Equifax, Experian, and TransUnion) being sought and only TransUnion responded and provided prices for their service.

The Provider has provided the Department with credit reporting services since 2018. The information that they are able to provide assists the Department in locating parents, determining parents' abilities to pay support and identifies income and assets that the Department can garnish to satisfy support obligations. Their customer service has been exceptional, and their price structure is cost effective.

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 years so again, the cost would remain less than \$10,000.00 per year.

The Department collected more than \$600,000.00 in state fiscal year 2022. The cost effectiveness of the service equates to the Division collecting 60 dollars for every one dollar invested.

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

The Department will continue to competitively procure this service through solicitation of quotes.

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

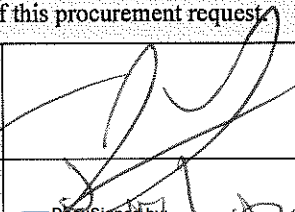
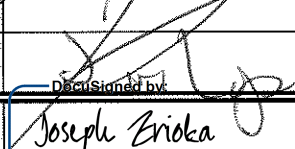
Does this request utilize ARPA/MJRP funds?

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:	Discussed by	Date: 3-Nov-22
Signature of DAFS Procurement Official:		
Typed Name:	EA013178102243C... Joseph Zrioka	Date: 11/18/2022