



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:		MCDCP/Division of Disease Prevention/WIC	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger / Lyndsay Frank	
(If applicable) Department Reference #:		OIT-25-B100	
Amount: (Contract/Amendment/Grant)	\$ 28,704.00	Advantage CT / RQS #:	RQS 10A 20240808*0182
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 9/30/2025
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:		JPMA, Inc. Wheat Ridge, CO.	
Brief Description of Goods/Services/Grant:		WIC Shopper and WICSmart mobile applications used by WIC clients while shopping for approved products.	

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.

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.

This application fulfills a need for WIC clients to be able to verify vendor locations, contact WIC for help, find a WIC office, be notified of product recalls, and have access to educational materials for nutrition and meal preparation. This system has the advantage of being a smart phone application, so it can be used anywhere and is not dependent upon accessing via a computer.

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

A survey of the market indicates that there are no like products commercially available either in the Apple iTunes App Store or the Google PlayStore that would serve the same purpose and requirements. This application has been translated in full at Maine's request for five (5) additional languages in the past agreement year and supported four (4) major program changes with banners and FAQ pages for ongoing COVID procedure updates, Farmers Market Nutrition and Cash Value Benefit program changes and updates.

This is a niche market that serves only WIC Participants and is used in many other states across the country. This is not an application or service that is widely available as a stand-alone mobile application not offered by an EBT Processor. Services provided by this app include WIC approved food list, turn by turn directions to authorized retailers and farmers and local agencies. This service provides recipes with WIC approved and targeted nutrition education required for continued participation and benefit issuance. Additional enhancements have been integrated by sending batch files from our MIS system SPIRIT to provide appointment reminders, benefit expiration notification, detailed food list updates and individualized food balances updated each day on a schedule. The app can be used in store as a barcode reader to confirm status of the item for WIC, provide cereal, produce, and baby food conversion calculations that improve a participant's store checkout experience. Foods that should be added to the State's approved product list can be reported using this app further enhancing the participant experience. WIC has invested in providing this mobile application in multiple language. Multi-lingual translation investments from Maine and other participating states have resulted in this mobile application being translated fully for twenty-two (22) languages supporting USDA FNS Civil Rights requirements. This is a very specific app with limited competition.

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

Contract pricing includes WICShopper and WICSmart products, service, and support. The cost for two very specific, unique, niche applications that deliver services valuable to WIC Participants while meeting federal requirements result in the Department determining that the cost is fair and reasonable.

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

The Department does not intend to RFP these services.

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.


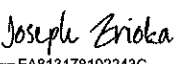
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Ben Moran	Date:	10/30/24
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 2px;"> <small>DocuSigned by:</small>  <small>EAB13178102243C...</small> </div>		
Typed Name:	Joseph Zrioka, IT Procurement Director	Date:	10/21/2024