



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:		Maine Judicial Branch	
Department Contract Administrator or Grant Coordinator:		Thomas Hild	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 58,400.00	Advantage CT / RQS #:	20241104*1157
CONTRACT	Proposed Start Date:	11/5/2024	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:		Innovative Cost Solutions LLC., Tallahassee, FL	
Brief Description of Goods/Services/Grant:		Judicial Branch Cost Plan for DHHS IV-D Program	

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.	The DHHS IV-D program has a complicated Indirect Cost Plan that calculates a unit cost based on time studies and applies the 2014 time study to current activity. The branch is in the early stages of upgrading systems, which impacts the recording activity in multiple systems.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This vendor was selected in 2014 to work with the branch and come up with a plan that was acceptable to the federal agency. Since that time many years of indirect cost plans have been submitted and approved.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Our costs have decreased through time as the workload has diminished and the methods used have been approved by the federal government. This company is a company doing the work in many states, including many in New England.
4. Describe the plan for future competition for the goods or services.	There is no plan for future competition. This vendors services will be retained through the next time study, when we expect the work after that effort will be much less complex. The MJB also hopes to be able to bring the work in-house.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
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	
<i>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.</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):	DocuSigned by:  <small>755F066F9C634D0...</small>			11/6/2024
Typed Name:	Connor Smith	Date:		
Signature of DAFS Procurement Official:	DocuSigned by:  <small>EA813178102243C...</small>			
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	11/21/2024	