



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 (Form's Page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH / Rebecca Taylor / Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		OSA-22-103		
Amount: (Contract/Amendment/Grant)		\$10,400.00	Advantage CT / RQS #:	RQS 10A 20231116000000000748
CONTRACT	Proposed Start Date:	1/1/2022	Proposed End Date:	12/31/2023
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:		NATIONAL OPINION RESEARCH CENTER CHICAGO, IL		
Brief Description of Goods/Services/Grant:		Data access license		

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.

NORC is an independent research institution that delivers reliable data and rigorous analysis. The licenses purchased under this procurement allow Maine access to a data enclave of pertinent and necessary health data. Having data enclave access eliminates several barriers to accessing such data and provides Maine the opportunity to conduct analysis as needed to support and provide more impactful mental health and substance use disorder services.

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

NORC is a unique/sole source vendor because it is the entity chosen by Maine Health Data Organization to provide data enclave services for Maine's all-payer claims database. In order for OBH Data Team staff to access Maine's all-payer claims data directly within the enclave in which it is housed, we must purchase licenses with NORC.

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

Funding for this service is provided through Maine's OD2A award. The rates are as determined by NORC at their usual market price.

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

If a competitive source for the same or equivalent data is identified, the Department will competitively procure these services.

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

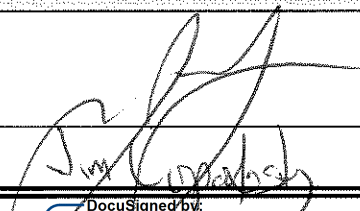
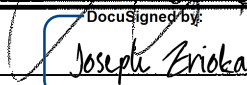
Does this request utilize ARPA/MJRP funds?

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:	Joseph Zr10ka	Date:	12-21-23
Signature of DAFS Procurement Official:			
Typed Name:	EA813178102243C... Director of IT Procurement	Date:	12/21/2023

Joseph Zr10ka