



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:		Office of the Attorney General/Office of Chief Medical Examiner	
Department Contract Administrator or Grant Coordinator:		Mark Toulouse/Lindsey Chasteen	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$26,181.00	Advantage CT / RQS #:	CT 26A 20171031*1544
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	
	Previous End Date:	New End Date:	11/30/2024
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Occupational Research and Assessment, Inc. (ORA), 124 Elm Street, Big Rapids, MI, 49307	
Brief Description of Goods/Services/Grant:		Web-based Death Case Investigation Software Program 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.

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 is designed for medicolegal death investigators who collect data at death scenes for the establishment of cause and manner of death and the certification of death (completion of death certificates). After researching solutions, the Office identified a web-based Death Case Investigation program by Occupational Research and Assessment Inc. This system meets our current needs as well as furthers enhance our operating capabilities and saves staff time with the included functionality below:

1. Auto interface with the NMS (our forensic testing vendor) and AIT forensic toxicology labs.
2. Auto interface with the Organ Procurement Organization (optional).
3. The unique ability to interconnect jurisdictions (sharing specific data between counties).
4. The unique ability to identify and flag multiple case variables across all system users (Network tracking).
5. Built on National Guidelines (developed by ORA for the US Department of Justice).
6. Interface with National Accreditation of Medical Examiners accreditation standards.
7. Exports data for the CDC's Sudden Unexpected Infant Death Investigation (UID) form
8. Exports data for upload into the CDC's National Violent Death Reporting System (NVDRS).
9. The only system that automatically pushes UID data to NamUs (National Missing and Unidentified Reporting System).
10. The only system that automatically pushes UID data to the Colibri center for Human Rights.
11. Complies with all NAME data security standards.
12. Complies with DOJ security standards (e.g., NamUs).
13. Automatically exports drug data to the NAME drug death reporting system.
14. Mobile App for Apple and Android.
15. Unlimited user accounts.
16. Unlimited data storage for five years.
17. 100% web-based*

* No additional hardware, software or IT support is required by the end-user beyond a standard computer workstation with modern web browser software and a high-speed internet connection. USB barcode scanners and electronic signature pad may be added, but are optional.

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

While there are other case management database softwares on the market, Occupational Research and Assessment, Inc. is the only vendor offering this particular software, which was selected for the reasons cited above.

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

PART III: SUPPLEMENTAL INFORMATION

The initial cost was negotiated with MDILog. Because OCME does not have designated users in each county, with most users inputting data within the Augusta office. There are, however, twelve Medical Examiners throughout the state that will also be inputting data. These points allowed MDILog to reduce the cost and include unlimited users and unlimited data. 2023/2024 costs reflect a % increase over the previous year, as well as data storage costs not required in previous years. These are required as data increases over software usage.

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

While there are other case management database softwares on the market, Occupational Research and Assessment, Inc. is the only vendor offering this particular software, which was selected for the reasons cited above. If specific competition is identified which satisfies office requirements, we will provide an opportunity via RFP to secure the best product at the best price

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Mark A. Toulouse	Date:	11/14/2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	12/29/2023