



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:		Department of Health and Human Services	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		OFI-18-016C	
Amount: (Contract/Amendment/Grant)	Original: \$9,969,627.00 Amend: \$1,279,725.97 Revised: \$11,249,352.97	Advantage CT / RQS #:	CT-10A- 20171228000000002036
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	4/1/2025
	Previous End Date:	New End Date:	3/31/2026
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		CONDUENT STATE & LOCAL SOLUTIONS, INC Washington, D.C.	
Brief Description of Goods/Services/Grant:		EBT Services	

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 checked="" 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 provide benefit issuance services for the SNAP, TANF, and MaineCare programs. Without this service, the Department would not have a mechanism by which to issue these critical benefits.

The purpose of this amendment is to ensure service continuity for the next year and to help transition to the new vendor for this service, Fidelity Information Services, whom the Department is currently negotiating with.

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

This Provider was selected as a result of competitive procurement RFP #201604095. This Amendment is outside of the competitive procurement cycle.

Initial Start Date *	6/1/2018	Initial End Date *	5/31/2020
Renewal 1 Start Date	6/1/2020	Renewal 1 End Date	5/31/2022
Renewal 2 Start Date	6/1/2022	Renewal 2 End Date	5/31/2023

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

Cost is unchanged from the original base Agreement.

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

The Department participated in a multistate consortium issued by NY under 2020 Northeast Coalition of States (NCS) Electronic Benefits Transfer RFP to procure the next EBT contract. New York has recently signed and executed their new agreement with the awarded vendor. The Department will now commence negotiations with the awarded vendor.

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).

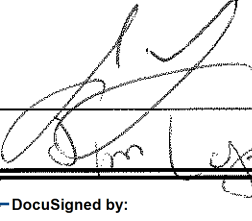
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	Steve Legatos	Date:	18-Nov-24
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 2px;"><small>DocuSigned by:</small> <i>David Morris</i> <small>2A644AF5681F482...</small></div>		
Typed Name:	David Morris	Date:	12/2/2024

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