



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:		Department of Education, Child Nutrition		
Department Contract Administrator or Grant Coordinator:		Janette Kirk, Director of Federal Programs		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ Amendment:\$38,910 Total:\$541,935.00	Advantage CT / RQS #:	CT2023112*1448
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	1/1/2024	Effective Date:	11/15/2024
	Previous End Date:	12/31/2026	New End Date:	12/31/2026
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		New Name: EMS LINQ INC Previous Name: Dynamic Internet Solutions		
Brief Description of Goods/Services/Grant:		Systems to manage and modernize all Child Nutrition Programs		

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 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.

New enhancements are needed to improve the Department and Sponsor monitoring and use of the CNPWeb program.

The new enhancements totaling \$38,910:

- The Password Requirement Update is needed to comply with MEDOE policies and procedures.
- Annual Financial Report Updates are changes to include text changes and additional blocks for Maine reimbursement.
- Claim Edit Checks are header changes needed for clarity as errors are happening due to the wording.
- Annual Participation Report Text Changes are needed for clarity.
- FFVP Application Updates are needed to calculate the allocation of FFVP funds.

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

The Vendor was awarded the original contract based on RFP201803030 and RFP 201804067. The RFP and original contract envisioned that there would be a need to make changes to the system based on changes in USDA requirements. As the system is proprietary, the Vendor is the only one who can do this work.

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

The cost of these enhancements are the rates set by the vendor per the signed original contract.

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

Once contract renewals included in the RFP have been exhausted, the Department will issue a new RFP for these services.

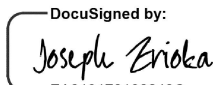
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input checked="" type="checkbox"/> 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):	<i>Chelsey Fortin-Trimble</i>		
Typed Name:	Chelsey Fortin-Trimble	Date:	12/9/2024

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	12/13/2024



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Document Pages: 3	Signatures: 1
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Status: Original 12/9/2024 12:50:22 PM	Holder: Chelsey Fortin-Trimble Chelsey.A.Fortin@maine.gov	Location: DocuSign
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Chelsey Fortin-Trimble Chelsey.A.Fortin@maine.gov Associate Commissioner, Policy and Programs Security Level: Email, Account Authentication (None)	Sent: 12/9/2024 12:50:23 PM Viewed: 12/9/2024 12:50:32 PM Signed: 12/9/2024 12:51:31 PM Freeform Signing
Signature Adoption: Pre-selected Style Using IP Address: 198.182.163.121	

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Witness Events **Signature** **Timestamp**

Notary Events **Signature** **Timestamp**

Envelope Summary Events **Status** **Timestamps**

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Certified Delivered	Security Checked	12/9/2024 12:50:32 PM
Signing Complete	Security Checked	12/9/2024 12:51:31 PM
Completed	Security Checked	12/9/2024 12:51:31 PM

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Joseph Zrioka

AutoNav: Enabled

joseph.a.zrioka@maine.gov

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State of Maine - Office of Information Technology

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Jennifer Tarr

Jennifer.L.Tarr@maine.gov

DOE Procurement Director

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Katherine Warren

Katherine.Warren@maine.gov

Education Data Manager- MDOE

Maine Department of Education

Security Level: Email, Account Authentication (None)

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Olivia Schafer
Olivia.Schafer@maine.gov
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