



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: | | DHHS Riverview Psychiatric Center | | |
| Department Contract Administrator or Grant Coordinator: | | Shawn Belanger | | |
| (If applicable) Department Reference #: | | RPC-22-603 | | |
| Amount: (Contract/Amendment/Grant) | \$27,796.62 | Advantage CT / RQS #: | RQS 10A 20211109000000000527 | |
| CONTRACT | Proposed Start Date: | 11/5/2021 | Proposed End Date: | 06/30/2022 |
| 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: | | 3M Co. St. Paul, MN | | |
| Brief Description of Goods/Services/Grant: | | N95 Respirator Masks | | |

| PART II: JUSTIFICATION FOR VENDOR SELECTION | | | |
|---|-----------------------------------|--|----------------------------------|
| Mark an "X" before the justification(s) that applies to this request. (Check all that apply.) | | | |
| | A. Competitive Process | | G. Grant |
| | B. Amendment | | H. State Statute/Agency Directed |
| X | C. Single Source/Unique Vendor | | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | | J. Willing and Qualified |
| X | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | | 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 Department's Riverview Psychiatric Center (RPC) is purchasing N95 respirator masks as part of its response to the Covid-19 pandemic and in preparation for facility outbreak.

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

This vendor is able to provide RPC with a large supply of N95 respirator masks. This is an emergency purchase, only one other quote was obtained by RPC and was significantly higher.

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

The cost of this purchase has been pre-negotiated between the Department and vendor and has been determined to be fair and reasonable.

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

The Department does not intend to competitively procure these items. This is a one-time emergency purchase.

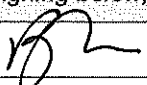
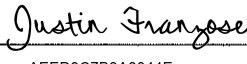
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part VI

PART V: APPROVALS

| | | | |
|--|---|-------|------------|
| Signature of requesting Department's Commissioner (or designee): | By signing below, I signify that I approve of this procurement request. | | |
| |  | | |
| Printed Name: | Ben Mann | Date: | 11/17/21 |
| Signature of DAFS Procurement Official: | DocuSigned by:  | | |
| Printed Name: | AEEED9C7B3A8044E JUSTIN FRANZOSE | Date: | 11/19/2021 |