



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-24-047	
Amount: (Contract/Amendment/Grant)	\$ 12,824.45	Advantage CT / RQS #:	CT-10A-20231213000000001697
CONTRACT	Proposed Start Date:	12/12/2023	Proposed End Date: 6/12/2024
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:		Minuteman Security Technologies, Inc. Andover, MA	
Brief Description of Goods/Services/Grant:		Security camera DVR repair	

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 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 checked="" 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 DVR system at the Department's Riverview Psychiatric Center (RPC) is currently experiencing outage issues. An outage can/will result in cameras being unavailable inside and outside of the building. This is an emergency situation for the health and wellbeing of patients and employees at RPC.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Minuteman Security currently consults on the camera system and understands the requirements to keep the current system operating.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	This is an emergency need.
4. Describe the plan for future competition for the goods or services.	The bid process for a new access control system is in process. An addendum is being released soon, which will extend the due date of bid documents to January. The original timeline for the replacement is 6 months after the contract is encumbered.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<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):			
Typed Name:	Ben Munn	Date:	12/22/23
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	1/8/2024