

PM-30582

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Maine Department of Marine Resources Bureau of Marine Science		
Department Contract Administrator or Grant Coordinator:		Michael Erwin		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 8700	Advantage CT / RQS #:	13A 20210115000000002050
CONTRACT	Proposed Start Date:	1/1/2021	Proposed End Date:	1/1/2022
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:		Honeywell International Larabee rd Westbrook ,Maine 04092		
Brief Description of Goods/Services/Grant:		Inspect and maintain the buildings automation hardware and software .Maintenance only, no repairs		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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

PART III: SUPPLEMENTAL INFORMATION	
Please respond to ALL of the following:	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	

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PART III: SUPPLEMENTAL INFORMATION

Honeywell is sole provider of service for State of Maine buildings and are very familiar with our facility Also software was installed and has been maintained by Honeywell that controls all our HVAC systems.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Honeywell has installed original system and has maintained and performed up grades as needed on system

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

The cost was deemed fair based labor costs

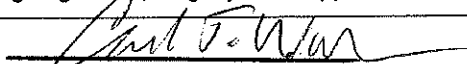
4. Describe the plan for future competition for the goods or services.

None. DMR will continue to utilize Honeywell as primary vendor for servicing of our HVAC systems which is consistent with BGS recommended provider for this type of service.

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.



Printed Name:

Carl J. Wilson, Director
Maine Department of Marine Resources

Date:

1-13-2021

**Signature of DAFS
Procurement Official:**

Designated by Maine State



Printed Name:

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Debbie Jacques

Date:

2/5/2021