



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		DHHS – Dorothea Dix Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Brienne Carrero / Emily Clifton		
(If applicable) Department Reference #:		DDPC-26-618		
Agency Department Code:	10A	Advantage CT / RQS #:	RQS	20251121000000000865
Amount: (Contract/Amendment/Grant)		\$16,402.07		
CONTRACT	Proposed/Original Start Date:	8/31/2025	Proposed/Most Recent End Date:	8/31/2025
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		ABM Mechanical, Inc. Bangor, ME 04401		
Brief Description of Goods/Services/Grant:		Emergency HVAC Repairs		

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. Higher Education 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 HVAC system at Dorothea Dix Psychiatric Center provides heat and air conditioning to the patient and staff areas. Part of this system's job is to provide fresh air to the patient units which hospital regulations require. During the winter months the HVAC system raises the temperature of that incoming fresh air to an acceptable level. When the heating coil responsible for conditioning that incoming air broke and started leaking we had no way to provide fresh air until that coil was repaired. ABM was familiar with our system and able to reach out to the original manufacturer of the custom sized coil. The subsequent leak that developed ruined the ceiling below the coil and forced us to relocate the patient to a different bedroom. That same bedroom was unusable until the repair was complete. Not only were we not able to provide fresh air but now we were short a patient bedroom. Once the coil was complete ABM installed it and got the system back up and running.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The selected vendor has familiarity with the Daikin HVAC system at Dorothea Dix Psychiatric Center. Due to the vendor's familiarity with the Daikin HVAC system the coil specifications were able to be obtained from the original manufacturer, and the vendor fabricated a custom sized coil quickly allowing fresh air into the patient bedroom. While the coil was being fabricated no fresh air flowed into the patient's bedroom. It was critical to patient care and hospital regulations that the failed coil be removed and replaced as quickly as possible.

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

The repair cost is fair and reasonable based on the Director of Facilities experience and the emergency nature of the repair.

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

A similar process will be followed for future emergency repairs.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.


PART VI: APPROVALS

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	R. Todd Haber	Date:	2/4/2026

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	R. Todd Haber	Date:	2/4/2026

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Thomas Paquette	Date:	2/6/2026