



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:		Maine Department of Marine Resource- Bureau of Marine Science	
Department Contract Administrator or Grant Coordinator:		Michael Erwin / Amanda Webb	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,015.03	Advantage <u>CT</u> / RQS #:	13A 20230127000000001976
CONTRACT	Proposed Start Date:	1/25/2023	Proposed End Date: 1/25/2024
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:		Honeywell Building Solutions 12490 COLLECTIONS CENTER DR CHICAGO, IL 60693-0124 VC1000036763	
Brief Description of Goods/Services/Grant:		Monthly maintenance of the heating and cooling system	

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 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

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Honeywell is sole provider of service for State of Maine buildings.
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. Reference the RFP number, if applicable.

Honeywell has installed system and has maintained and performed all needed up grades.

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

The cost was deemed far base labor.

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

None. DMR will continue to utilize Honeywell as primary vendor consistence with BGS recommended provider for service.

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 V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.


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


Carl Wilson (Feb 14, 2023 08:12 EST)

Typed Name: Carl Wilson

Date: Feb 14, 2023

Signature of DAFS
Procurement Official:

DocuSigned by:

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Typed Name: Joseph Zrioka, Director of IT
Procurement

Date: 3/9/2023


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Final Audit Report


2023-02-14


Created:	2023-02-14
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 Signer carl.wilson@maine.gov entered name at signing as Carl Wilson
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