

## State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OBH/ Kathy Lavallee & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Lisa Munster/Nancy Tan	
(If applicable) Department Reference #:		MH4-21-001	
Amount: (Contract/Amendment/Grant)	\$ 315,214.00	Advantage CT / RQS #:	10A 20210412000000002732
CONTRACT	Proposed Start Date:	4/15/21	Proposed End Date: 4/14/22
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:		Motivational Services Inc.	
Brief Description of Goods/Services/Grant:		Forensic PNMI Security Equipment	

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
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
<p>This State Services Agreement authorizes the purchase and installation of security equipment necessary to safely house person's being discharged from Riverview Psychiatric Center (RPC) into a new Forensic PNMI facility. This is a necessary service that allows person's not needing hospital level of care to step down to a more appropriate level of care.</p>

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

The provider owns the building at 33 Stone St in Augusta Maine, where the security equipment is being installed. A separate contract with the Department funds services for these clients.

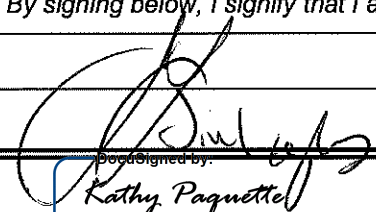
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The provider submitted a detailed cost estimate which has been approved by the Department. The provider will be utilizing identified subcontracted vendors to perform the work.

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

The Department does not intend for these services to continue beyond the contract end date.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	10-May-21
<b>Signature of DAFS Procurement Official:</b>	<small>Digitally signed by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	5/19/2021