



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:		DHHS/OBH/Dr. Baeder/Christie Goodman	
Department Contract Administrator or Grant Coordinator:		Lora Blackwell/Nancy Tan	
(If applicable) Department Reference #:		MH4-21-001C	
Amount: (Contract/Amendment/Grant)	Amend \$87,927.00 Revised \$505,815.69	Advantage CT / RQS #:	CT 10A 20210412000000002732
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	
	Previous End Date:	New End Date:	6/30/2022
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Motivational Services Inc. Augusta, ME	
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.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" 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

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.

This amendment is needed to cover the additional costs that will ensure that this facility meets Licensing standards and to guarantee the safety of all residents. The amendment is also extending the agreement term by two (2) months.

This State Services Agreement authorizes the purchase and installation of security and facility 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.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The provider operates the building at 33 Stone St in Augusta Maine, which is designed to serve forensic clients and clients under the care and custody of the Commissioner. 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.

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

The Department does not intend to RFP this service after the contract end date.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

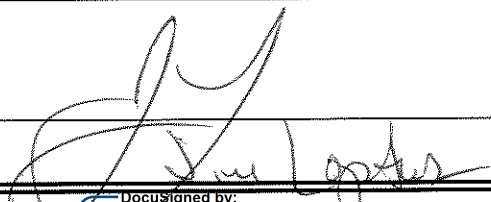

Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:		Date:	21-Apr-22
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	5/2/2022