



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:		DAFS ~ Bureau of General Services	
Department Contract Administrator or Grant Coordinator:		Linda Greeley 207-624-7314 207-441-7464 (mobile)	
(If applicable) Department Reference #:		Bangor, Dorothea Dix Psychiatric Center Campus	
Amount: (Contract/Amendment/Grant)		\$ 8,000 ⁰⁰	Advantage CT / RQS #: CT 18A 20190423*3116
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2019	Effective Date:
	Previous End Date:	6/30/2023	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Facilities Support Group, LLC 137 Bennett Drive, Suite 2 Caribou, ME 04736 VS0000022131	
Brief Description of Goods/Services/Grant:		The purpose of this Contract is to provide the following services to tenants on the Dorothea Dix Campus in Bangor, ME; Elevator Maintenance, Pest Mitigation, Fire Suppression, Fire Extinguishers, Electrical, Sprinkler System, HVAC, Handyman, Plumbing & Roofing.	

PART II: JUSTIFICATION FOR VENDOR SELECTION

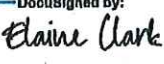
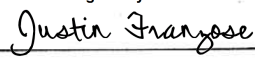
Check the box below for the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment #4, add funds, extend date	<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 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.	The Provider shall perform all services and maintain all standards and requirements for services provided under this Contract in accordance with the below: When called upon by a member of the Bureau of Real Estate Management the Provider/Pre-Qualified Vendor shall source and secure the services listed above on an as needed basis. All work will be conducted by Certified and or Licensed Technicians. All equipment including safety devices, labor, parts, supplies, quotes, estimates, transportation, clean-up, testing, inspecting, maintenance & repairs will be supplied by the provider.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Facilities Support Group. LLC is the only bidder from the Pre-Qualified Vendor List that provides these services in this region.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The proposed hourly rates, not-to-exceed fee contract has been judged fair based on past experience with the same vendor.
4. Describe the plan for future competition for the goods or services.	After the 3 rd renewal for RFP # 201809185 has been exhausted, an RFP will be issued again.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):	DocuSigned by:  <small>2D3B27D10EE1432</small>		
Typed Name:	Elaine Clark, Deputy Commissioner of DAFS	Date:	5/2/2022
Signature of DAFS Procurement Official:	DocuSigned by:  <small>AFFD9C7B3A8044E</small>		
Typed Name:	Justin Françoise	Date:	5/10/2022