



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 – Dorothea Dix & Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		DRPC-24-B93		
Amount: (Contract/Amendment/Grant)		\$ 15,120.00	Advantage CT / RQS #:	RQS 10A 20230418000000001281
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	06/30/2024
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:		Wizard Software Solutions Chicago, IL		
Brief Description of Goods/Services/Grant:		Facility maintenance software for work orders and scheduled plant maintenance		

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 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.

The purpose of this agreement is to procure a software product to prompt the Department's Dorothea Dix Psychiatric Center (DDPC) and Riverview Psychiatric Center (RPC) facilities for mandatory scheduled maintenance and also includes a system for staff to request repairs and facility needs and is subsequently pushed out to the appropriate facility staff member for repairs. The software also reports on plant maintenance, repair requests and how and when the requests were met and outstanding request. This information assists management in assigning work and managing staff time.

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

This system is proprietary to the vendor..

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

The Provider has provided DDPC and RPC with this service since 2009 with minimal increase in cost.

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

The Department's DDPC and RPC procured, by means of State procurement procedures, a software product back in June 2009 that allows the two facility departments to manage it's scheduling of plant maintenance. Several months would be required to define technological specifications and ensure compatibility for any potential alternative to the Facility Wizard system. This is a relatively inexpensive system that is already in use at both psychiatric hospitals. Undertaking a competitive process will negatively impact hospital operations and likely result in a significant additional cost to the State.

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

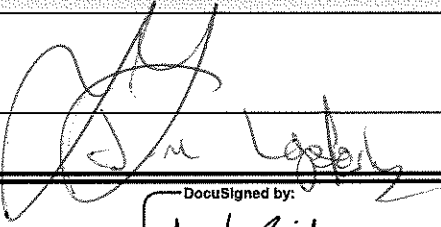
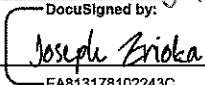
Does this request utilize ARPA/MJRP funds?

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:	1-Jun-23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	5/25/2023