



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger/ Melinda Farrell		
(If applicable) Department Reference #:	RPC-26-033		
Amount: (Contract/Amendment/Grant)	\$71,610.00	Advantage CT / RQS #:	CT 10A 202505120000RPC26033
<b>CONTRACT</b>	Proposed Start Date:	<b>7/1/2025</b>	Proposed End Date: 6/30/2028
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Northeast Controls, Inc Springvale, ME		
Brief Description of Goods/Services/Grant:	Circon Building Automation Control System – maintenance, online and offline technical support		

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

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
<b>1.</b>	Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
	Riverview Psychiatric Center has had a Circon Building Automation Control System since it was constructed in 2013. This system includes a HVAC Control System and Plexus software which includes graphics, alarms and database conversions that allows the Provider to have 24/7 remote access. Proper maintenance and technical support of this system is a crucial part of meeting the facility's required environmental standards of care as mandated by The Joint Commission, Centers for Medicare & Medicaid Services and the AMHI Consent Decree. This Provider has met all expectations since Riverview Psychiatric Center was established.
<b>2.</b>	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	There are no other Departments, State or Federal resources available to provide these services. Northeast Controls was the original installer of Riverview's Circon Building Automation Control System. They are a licensed Circon provider. They have a long history with Riverview and are familiar with the facility and operations. They are located within an appropriate geographic proximity that allows them to respond to emergency situations.
<b>3.</b>	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	This provider is offering a three-year agreement at a 20 percent discount on all labor rates and parts. Agreement includes one monthly site visit to perform maintenance and calibration, three hours of online support and first-priority service should an emergency condition occur. The vendor provided pricing for two-year and three-year scenarios. A 5% discount is recognized with the three-year pricing. The current yearly price of \$23,870.00 reflects a minimal 5% increase over the previous contract price of \$22,733.00 per year.
<b>4.</b>	Describe the plan for future competition for the goods or services.
	There is a need to utilize this specific provider due to their expertise with Circon systems. Selection of another provider would likely require replacement of the entire Building Control System, which would be cost prohibitive to the State.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	


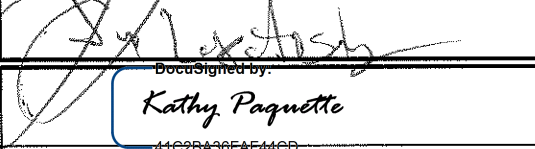
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	3-20-25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>4162BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	6/13/2025