



## 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 – Dorothea Dix Psychiatric Center		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger / Emily Clifton		
(If applicable) Department Reference #:	DDPC-25-611		
Amount: (Contract/Amendment/Grant)	\$ 7,251.00	Advantage CT / RQS #:	RQS 10A 20250624000000001986
CONTRACT	Proposed Start Date:	<b>5/19/2025</b>	Proposed End Date: 5/18/2026
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:	Hobart Service ITW Food Equipment Group Carol Stream, IL		
Brief Description of Goods/Services/Grant:	Maintenance service agreement for dishwasher		


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 checked="" 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.	Dorothea Dix Psychiatric Center currently has a Hobart dishwasher. This invoice is the yearly service agreement for this dishwasher.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Hobart dishwasher must be serviced by a Hobart representative when needed or the warranty will be voided.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The cost of this service agreement is fair and reasonable based on the cost of prior years.
4. Describe the plan for future competition for the goods or services.	The department does not plan to competitively procure these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
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	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:	R. Todd Haber	Date:	6/23/2025
Signature of DAFS Procurement Official:	Signed by: Sterling Doiron		
Typed Name:	<small>4C537C52B586437</small> Sterling Doiron	Date:	6/25/2025

## Certificate Of Completion

Envelope Id: F3ED045D-DD3C-4EE8-B18D-8F9800CD02E0	Status: Completed
Subject: Complete with Docusign: PJF DDPC-25-611 Hobart Service ITW ToDAFS-v2.pdf	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Disabled	Envelope Originator:
Envelopeld Stamping: Disabled	Sterling Doiron
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	77 State House Station
	111 Sewall Street
	Augusta, ME 04333
	Sterling.Doiron@maine.gov
	IP Address: 71.169.188.88


## Record Tracking

Status: Original	Holder: Sterling Doiron	Location: DocuSign
06/25/2025   13:21	Sterling.Doiron@maine.gov	

## Signer Events

Sterling Doiron  
 Sterling.Doiron@maine.gov  
 Security Level: Email, Account Authentication (None)

## Signature

Signed by:  
  
 Sterling Doiron  
4C537C52B586437...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 71.169.188.88

## Timestamp

Sent: 06/25/2025 | 13:22  
 Viewed: 06/25/2025 | 13:22  
 Signed: 06/25/2025 | 13:22  
 Freeform Signing

**Electronic Record and Signature Disclosure:**  
 Not Offered via Docusign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	06/25/2025   13:22
Certified Delivered	Security Checked	06/25/2025   13:22
Signing Complete	Security Checked	06/25/2025   13:22
Completed	Security Checked	06/25/2025   13:22
Payment Events	Status	Timestamps