



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 / Melinda Farrell		
(If applicable) Department Reference #:		DDPC-25-613		
Amount: (Contract/Amendment/Grant)		\$5,742.35	Advantage CT / RQS #:	RQS 10A 20250613000000001934
CONTRACT	Proposed Start Date:	5/5/2025	Proposed End Date:	5/6/2025
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:		XL Mechanical & Energy MGT Bangor, ME		
Brief Description of Goods/Services/Grant:		Emergency replacement of heat pump compressors		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☒	E. Emergency	☐	K. Client Choice
☐	F. University Cooperative Project	☐	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.

Two of the heat pump compressors and boards failed at Dorothea Dix Psychiatric. These heat pumps provide heat to some of the patient units and needed to be replaced immediately.

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

XL Mechanical was the vendor that originally installed the compressors and has knowledge of the heating system at Dorothea Dix Psychiatric Center.

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

Given the emergency nature of the replacement, the cost is deemed fair and reasonable by the Director of Facilities. The compressors and boards were under warranty; this invoice is just for labor costs to install the replacement items.

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

This is an emergency replacement.

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

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ 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:		R. Todd Haber	Date: 6/23/25
Signature of DAFS Procurement Official:			
Typed Name:			Date: