DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $10,000 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 / Lyndsay Frank				
(If applicable) Department Reference #:	DDPC-26-620				
Agency Department Code:	10A	Advantage CT / RQS #:	RQS 20260609000000001912		
Amount: (Contract/Amendment/Grant)	$ 32,645.00				
CONTRACT	Proposed/Original Start Date:	**4/1/2026**	Proposed/Most Recent End Date:	**04/26/206**	
AMENDMENT	New Effective Date:		New End Date (if Applicable):		
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 HVAC repairs				

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. Higher Education 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.
The HVAC system at Dorothea Dix Psychiatric Center provides heat and air conditioning to the patient and staff areas. Part of this system's job is to provide fresh air to the patient units which hospital regulations require. Three of the heat pump compressors and boards failed at Dorothea Dix Psychiatric Center. They needed to be replaced immediately.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) 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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS			
Governor/Department Commissioner or Designee			
1. The signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	17-Jun-26
2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Todd Haber, Acting Deputy Commissioner of Finance	Date:	6/17/2026

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: Michael McNeil 7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	6/24/2026

NOI 0620260467 6/24-6/30