



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:	Corrections – Long Creek Youth Development Center			
Department Contract Administrator or Grant Coordinator:	Chris Maria			
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 17,485	Advantage CT / RQS #:	03A 20230721*0145	
CONTRACT	Proposed Start Date:	7/12/2023	Proposed End Date:	9/15/2023
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:	Siemen’s Industry Inc., Scarborough, ME			
Brief Description of Goods/Services/Grant:	HVAC system repairs/replacement @ Long Creek			


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 checked="" 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.	AC failure has occurred on several units at Long Creek Youth. Each unit has two AC units assigned to them. One cools and heats the day room, offices and the adjoining classrooms. The other one cools and heats the pods and the bedrooms. In each of those units, there are two compressors. The problem has been diagnosed as needing 4 compressors to remedy the situation.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This is an emergency request as climate control is a critical need in this institutional setting for troubled youth. The Siemens company was involved in the initial installation of our air systems and have remained under contract in providing the ongoing servicing/maintenance of these air systems for many years. Their technicians are highly familiar in performing these services efficiently in a correctional setting which ultimately saves both time and money. Portions of the system are proprietary as well which makes it prudent to utilize the proposed vendor.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The vendor provided an all-inclusive quote for these emergency repairs. Proposed costs appear to be consistent with past charges (for similar repair work) which the department considers to be fair and reasonable.
4. Describe the plan for future competition for the goods or services.	The selected vendor has been our primary HVAC provider for many years, hence the reason they were selected for these emergency repairs. The Department is currently seeking a new long-term HVAC provider through a competitive process, which may or may not result with the incumbent vendor. The selection will be based on cost and best value to the DOC.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	Randall Liberty, Commissioner	Date:	7/25/2023
Signature of DAFS Procurement Official:			
Typed Name:	william J.E. Allen	Date:	8/7/2023

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