



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

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.

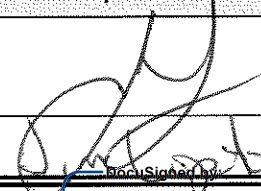

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melanie Boucher		
(If applicable) Department Reference #:		RPC-24-003		
Amount: (Contract/Amendment/Grant)		\$ 35,248.84	Advantage CT / RQS #:	CT 10A 20230227000000002173
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	06/30/2026
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:		Cummins Northeast, LLC Braintree, MA 02184		
Brief Description of Goods/Services/Grant:		Full-service maintenance for Onan Generator		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

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.
	Annual inspection, annual load bank testing and a full-service maintenance check for the Onan Generator located at RPC. This service contract will provide three times a year services; tentatively scheduled for August, November and February of each year. These services are mandated by Joint Commission - EOC standards.
	This vendor will provide trained technical personnel to perform the annual inspection, annual load bank testing and full-service maintenance check for the Onan Generator located at RPC. This is essential for the purpose of ensuring the emergency standby generator is in the best possible operating condition at all times. An emergency generator is required to provide electricity in the event of a power outage to ensure all facility operations remain uninterrupted.
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	This vendor originally installed the Onan Generator at RPC. They have qualified technician(s) who can provide maintenance on the Onan Generator, Model #1500.ODFILE—2947, serial number A020327896. This vendor originally installed the generator, is familiar with the equipment and receives ongoing training updates provided by the manufacturer.
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 for the previous three years is as follows: SFY 2021 = \$11,139.59 SFY 2022 = \$11,139.59 SFY 2023 = \$11,942.99
	The costs above include comprehensive maintenance and testing of the generator and the vendor has kept cost increases to a minimum. The vendor will be paid in three installments upon the delivery of services performed.
4.	Describe the plan for future competition for the goods or services.
	The Department does not intend on competitively procuring these services: The Provider is the original Vendor who installed the Generator, retains proprietary software and maintains service on the generator.

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:	Kathy Paquette	Date:	12-21-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	8/18/2023