



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 – Dorothea Dix Psychiatric Center	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero	
(If applicable) Department Reference #:		DDPC-24-614	
Amount: (Contract/Amendment/Grant)	\$20,476.01	Advantage CT / RQS #:	RQS-10A-20240521000000001670
CONTRACT	Proposed Start Date:	2/19/2024	Proposed End Date: 2/21/2024
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:		Eastwood Contracting Brewer, Maine	
Brief Description of Goods/Services/Grant:		Emergency water main repairs	

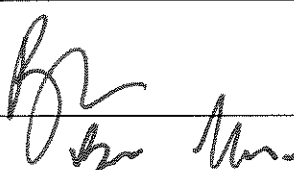
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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.	There was a water main break outside on the west side of D building at Dorothea Dix Psychiatric Center that needed to be immediately repaired.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Eastwood Contractors was chosen based on the type of work needed and their availability to come immediately.
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 repairs, the cost is deemed fair and reasonable by the Director of Facilities.
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?	
<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	
Does the requesting Department signatory understand and acknowledge Maine's COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.	

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			Date: 6/25/27
Typed Name:			
Signature of DAFS Procurement Official:	DocuSigned by: Sherri Brooker BE7E88805FFD419		
Typed Name:	Sherri Brooker	Date:	8/1/2024