



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 \$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:		Administrative and Financial Services	
Department Contract Administrator or Grant Coordinator:		Linda Greeley	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 18,700.00	Advantage CT / RQS #:	18A 20240813*0323
CONTRACT	Proposed Start Date:	8/15/2024	Proposed End Date: 10/15/2024
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:		MHC Inc dba ServiceMaster Contract Services	
Brief Description of Goods/Services/Grant:		Deep clean of DDPC Facilities	

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.	A deep clean is required in the offices in the Dorothea Dix Psychiatric Complex specifically in the DEP Garage/Warehouse and buildings E, F (floors 2 and 3) and H (floors 1,2,3,4) to bring the facility back to a manageable condition.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Provider has just been awarded the custodial/janitorial contract so they were the only company contacted to provide a quote.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The quoted costs are consistent with other contracts competitively bid and awarded to the vendor.
4. Describe the plan for future competition for the goods or services.	It is not anticipated these services will be needed again. If they are they will be competitively bid through The Office of State Procurement Services.

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	
<i>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.</i>	
<input checked="" type="checkbox"/> 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):	DocuSigned by:  2D3B27019FF1432...		
Typed Name:	Elaine Clark	Date:	8/13/2024
Signature of DAFS Procurement Official:	DocuSigned by:  2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	8/13/2024

NOI 08020240917 08/14/2024 - 08/20/2024