



### 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:		DHHS / Dorothea Dix Psychiatric Center	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger / Nicole Mitchell	
(If applicable) Department Reference #:		DDPC-25-011B	
Amount: (Contract/Amendment/Grant)	Curr: \$ 555,961.00 Amend B: \$ 330,000.00 Revised: \$ 885.961.00	Advantage CT / RQS #:	CT 10A 20240627000DDPC25011
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2024	Effective Date:
	Previous End Date:	6/30/2025	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Vets Securing America	
Brief Description of Goods/Services/Grant:		Contracted Security Services	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input checked="" type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" 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 type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input checked="" type="checkbox"/>	L. Other Authorization: RFP Extended

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.

Security services are required at DDPC to ensure compliance with CMS, Maine DLC, Joint Commission and other regulatory agencies. Regulatory agencies have deemed this service as essential to ensure the safety of patients, visitors and employees.

**This amendment extends the end date of the contract in order to allow time for the RFP process to complete.**

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

This vendor was the awarded bidder from RFP 201911207 that expired on 6/30/2025.

Initial Period of Performance	7/1/2020	to	6/30/2022
Renewal Period #1	7/1/2022	to	6/30/2024
Renewal Period #2	7/1/2024	to	6/30/2025

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The contract budget for this agreement was based upon the cost structure submitted in the vendor's RFP proposal.

4. Describe the plan for future competition for the goods or services.

The Department is currently working on RFP (DRPC20241) with the anticipation of a new contract start date of 1/1/2026.

### 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) – 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 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):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	12-11-25
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	8/25/2025