



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 (Form's page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS Riverview Psychiatric Center Joseph Silva / Rita McCollett		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Patricia Wall		
(If applicable) Department Reference #:		RPC-23-033		
Amount: (Contract/Amendment/Grant)	\$ 68,200.00	Advantage CT / RQS #:	CT 10A 20220527000000003090	
CONTRACT	Proposed Start Date:	07/01/2022	Proposed End Date:	06/30/2025
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:		Northeast Controls, Inc Springvale, ME		
Brief Description of Goods/Services/Grant:		Circon Building Automation Control System – maintenance, online and offline technical support		

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.

The Department's Riverview Psychiatric Center (RPC) has had a Circon Building Automation Control System since it was constructed in 2013. This system includes a HVAC Control System and Plexus software which includes graphics, alarms and database conversions that allows the Provider to have 24/7 remote access. Proper maintenance and technical support of this system is a crucial part of meeting the facility's required environmental standards of care as mandated by The Joint Commission, Centers for Medicare & Medicaid Services and the AMHI Consent Decree.

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

The Provider was the original installer of RPC's Circon Building Automation Control System and are a licensed Circon provider. The Provider is familiar with the facility and operations and are located within an appropriate geographic proximity that allows them to respond to emergency situations.

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

This Provider is offering a three-year agreement at a 20 percent discount on all labor rates and parts.

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

The Department does not intend to RFP this service. Selection of another provider would likely require replacement of the entire Building Control System, which would be cost prohibitive to the State.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

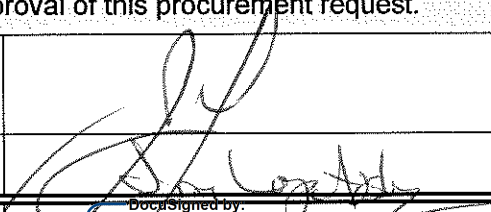
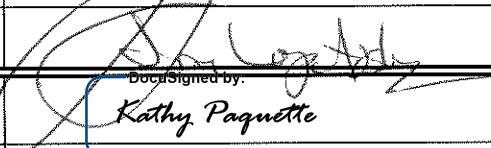
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):			Date:	29-11-22
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	9/19/2022
Typed Name:	Kathy Paquette		Date:	9/19/2022