



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:		Shawn Belanger Melinda Farrell		
(If applicable) Department Reference #:		RPC-23-602		
Amount: (Contract/Amendment/Grant)		\$19,605.00	Advantage CT / RQS #:	RQS-10A-20220901000000000303
CONTRACT	Proposed Start Date:	08/10/2022	Proposed End Date:	08/10/2022
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:		The Joint Commission Chicago, IL		
Brief Description of Goods/Services/Grant:		Survey Fee and Life Safety Code Specialist		

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 purpose of this purchase is for the survey fee for the Department's Riverview Psychiatric Center (RPC) to be accredited by The Joint Commission. This survey is completed every three years. The Joint Commission surveyors inspect the hospital for life safety issues, environment of care, provision of treatment, rights of recipients, and medication management.

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

There is no one in the State of Maine Government or other governmental entities authorized to provide this service.

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

This is the cost assessed by the vendor.

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

The Department does not intend to RFP these services.

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


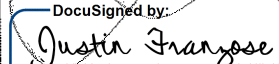
Does this request utilize ARPA/MJRP funds?

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:	10-26-22
Typed Name:			Date:	
Signature of DAFS Procurement Official:	DocuSigned by: 		Date:	9/19/2022
Typed Name:	AEEED9C7B3A8044E Justin Franzose		Date:	