



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:		Debbie Weston / Patricia Wall	
(If applicable) Department Reference #:		RPC-25-050	
Amount: (Contract/Amendment/Grant)	\$ 5,168.00	Advantage CT / RQS #:	CT 10A 202406260000RPC25050
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:		Hobart Service ITW Food Equipment Group Carol Stream IL	
Brief Description of Goods/Services/Grant:		Repairs and Maintenance	

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 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.

This contract is being issued to secure Hobart services for FY 25 Maintenance Inspection and Proactive maintenance for the RPC kitchen industrial dishwasher.

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

Hobart has been providing maintenance service for years and because of its excellent service record, RPC Food Service Manager, Russell Peaslee, has requested that Hobart's services be secured for FY25 requirements. Hobart is a local agent and quick to respond to RPCs urgent needs when they arise.

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

The current price of \$5,168 is the first increase requested by Hobart since FY21. However it still reflects a 31% increase, therefore RPCs Director of Facilities attempted to negotiate a lower price, but was unable to do so. Hobart cited the age of the equipment as the main reason for the increase.

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

Per RPCs Director of Facilities, Joseph Silva, the FY26 Maintenance effort will be competitively solicited.

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.

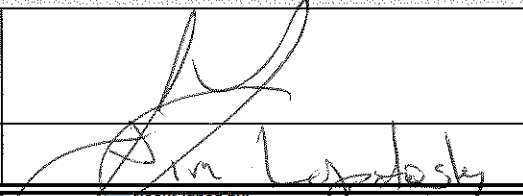
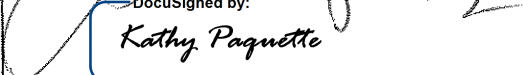
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	<i>Jim Leprosky</i>	Date: 19-Aug-24
Signature of DAFS Procurement Official:		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 9/19/2024