



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 / Storm Dexter	
(If applicable) Department Reference #:		RPC-25-605	
Amount: (Contract/Amendment/Grant)	\$ 9,250.00	Advantage CT / RQS #:	RQS-10A-20240408000000001450
CONTRACT	Proposed Start Date:	8/1/2024	Proposed End Date: 12/31/2024
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:		Northeast Controls Inc Acton, Maine, 04001	
Brief Description of Goods/Services/Grant:		Energy Management System Upgrade	

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.

The current Energy Management System (EMS) is failing, necessitating a software and PC upgrade to resolve issues. Riverview Psychiatric Center has had a Circon Building Automation Control System since it was constructed in 2013. This system includes an 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. This Provider has met all expectations since Riverview Psychiatric Center was established.

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

There are no other Departments, State or Federal resources available to provide these services. Northeast Controls was the original installer of Riverview's Circon Building Automation Control System. They are a licensed Circon provider. They have a long history with Riverview and are familiar with the facility and operations. They 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.

Current pricing reflects previously negotiated pricing which includes a 20% discount.

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

There is a need to utilize this specific provider due to their expertise with Circon systems. 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, MJRP funds (023) – If Yes, please attach the approved Business Case(s).


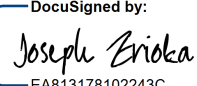
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	Ben Mann	Date:	9/4/24
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	9/26/2024