



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		MaineDOT Maintenance & Operations	
Department Contract Administrator or Grant Coordinator:		Scott Gray	
(If applicable) Department Reference #:		CSN47075	
Agency Department Code:	17A	Advantage CT / RQS #:	CT20240903*0470
Amount: (Contract/Amendment/Grant)		\$80,000.00	
CONTRACT	Proposed/Original Start Date:	8/26/2024	Proposed/Most Recent End Date: 7/31/2025
AMENDMENT	New Effective Date:	8/1/2025	New End Date (if Applicable): 7/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Honeywell International Inc.VC1000036763 501 County Rd. Westbrook, Maine 04092	
Brief Description of Goods/Services/Grant:		Provide service, maintenance and support for Honeywell EBI at 24 Child St., Regions 1,2,3,4,5, Casco Bay Bridge Portland, Fairfield Training Center and Fleet Services Augusta.	

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 checked="" 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. Higher Education 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 State of Maine requires a comprehensive software suite of integrated facility management solutions which is managed through one location. The program includes camera surveillance; monitoring heating; ventilation; and air conditioning; monitors and controls fire alarm system; energy usage; integrated life safety monitoring and a notification system

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The Honeywell Enterprise Integrator is a proprietary monitoring product and as such must be maintained and serviced only by Honeywell certified technicians. The original CT was created from a Waiver of Competitive Bid

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

Over the past year, cost and equipment requirements were negotiated. Hourly labor rates were negotiated and follow other SOM facilities. Total cost seems reasonable for propriety plant operating packages and are in line with the previous contract

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

In the future, the Department will try to procure Honeywell services through a Master Agreement.

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).

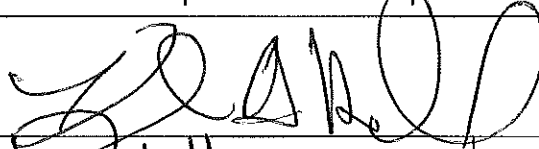
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART VI: APPROVALS

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kyle Hall	Date:	9/16/2025

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	Michael McNeil	Date:	9/16/2025

NOI 0920250859 9/17-9/23