

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Dr. Baeder/Christie Goodman		
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Lisa Munster		
(If applicable) Department Reference #:		MH4-21-001B		
Amount: (Contract/Amendment/Grant)	Original \$393,138.69 Amend \$24,750.00 Revised \$417,888.69	Advantage CT / RQS #:	CT 10A 20210412000000002732	
CONTRACT	Proposed Start Date:	5/1/2021	Proposed End Date:	4/30/2022
AMENDMENT	Original Start Date:	5/1/2021	Effective Date:	9/1/2021
	Previous End Date:	4/30/2022	New End Date:	4/30/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Motivational Services Inc.		
Brief Description of Goods/Services/Grant:		Forensic PNMI Security Equipment		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

This amendment is needed to cover the cost of additional items that will ensure that this facility meets the standards of the State Fire Marshal and to guarantee the safety of all residents.

This State Services Agreement authorizes the purchase and installation of security and facility equipment necessary to safely house person's being discharged from Riverview Psychiatric Center (RPC) into a new Forensic PNMI facility. This is a necessary service that allows person's not needing hospital level of care to step down to a more appropriate level of care.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The provider operates the building at 33 Stone St in Augusta Maine, where the security equipment is being installed. A separate contract with the Department funds services for these clients.

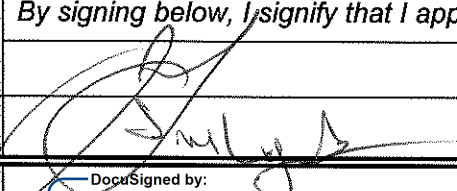
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The provider submitted a detailed cost estimate which has been approved by the Department. The provider will be utilizing identified subcontracted vendors to perform the work.

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

The Department does not intend to RFP this service.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	5-Oct-21
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	10/14/2021