



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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.

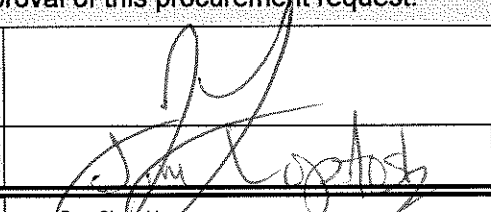
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS – Dorothea Dix Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melanie Boucher		
(If applicable) Department Reference #:		DDPC-23-155B		
Amount: (Contract/Amendment/Grant)	Current: \$39,037.00 Amend: \$92,260.00 Revised: \$131,297.00	Advantage CT / RQS #:	CT 10A 20230410000000002609	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	12/19/2022	Effective Date:	8/1/2023
	Previous End Date:	9/30/2023	New End Date:	6/30/2024
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Midcoast Linen Belfast, Me		
Brief Description of Goods/Services/Grant:		Laundry and Linen Cleaning Services		

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 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. 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.	<p>Dorothea Dix Psychiatric Center (DDPC) is a residential facility for acute mentally ill patients. The 24/7 facilities require linen services to provide clean linen such as sheets, blankets, towels and other housekeeping items. DDPC requires linens to be delivered and, when soiled, to be picked up, laundered, and returned to DDPC on a regular basis.</p> <p>This amendment will add funds and extend contract end date to continue services through the remainder of fiscal year 2024.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>RFP 201803056 was cancelled due to receipt of only one proposal from Unifirst that failed to address all requirements of the RFP, therefore the Department decided to sole source the service. The availability of potential vendors for this service is greatly limited due to the number of providers who are:</p> <ol style="list-style-type: none"> 1) Located within an acceptable geographic proximity of the hospitals; and 2) Are capable of meeting the required turnaround times for the large volume of linen that is needed to be laundered on a regular basis while complying with required biohazard and infection control protocols.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>This vendor's cost is considered fair and reasonable: the cost is a per-pound fee as opposed to the per-item fee of the prior vendor.</p>
4. Describe the plan for future competition for the goods or services.	<p>The department put this service out to RFP and there were no bidders. A sole source contract will be utilized until the decision is made to RFP this service again.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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: 15-Sep-23
Typed Name:			
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	891CE7A1493D45B... Martha Verhille	Date:	10/27/2023