



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.

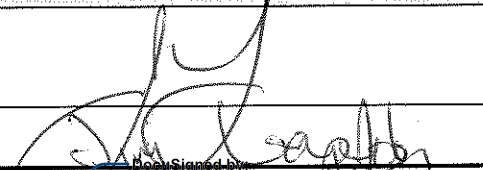
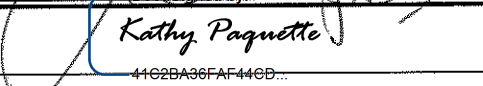
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS Riverview Psychiatric Centers		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell		
(If applicable) Department Reference #:		RPC-24-043		
Amount: (Contract/Amendment/Grant)		\$62,900.00	Advantage CT / RQS #:	CT 10A 20230828000000000551
CONTRACT	Proposed Start Date:	10/01/2023	Proposed End Date:	06/30/2024
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:		Midcoast Linen Belfast, ME		
Brief Description of Goods/Services/Grant:		Laundry and Linen 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 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.	Riverview Psychiatric Center (RPC) is a residential facility for acute mentally ill patients. The 24/7 facility requires linen services to provide clean linen such as sheets, blankets, towels, and other such housekeeping items. RPC requires such linens to be delivered and, when soiled, to be picked up, laundered, and returned to RPC on a regular basis.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The State does not have the necessary staffing, equipment, or facilities to provide laundry services. The Department published RFP 202305103: Linen Services, but did not receive any proposals.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The cost is a per-pound fee and when compared to the per-item fee of the prior vendor, it appears to be fair and reasonable.
4. Describe the plan for future competition for the goods or services.	Due to competitive procurement history, the Department does not plan to competitively procure these services.

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:
Typed Name:			19 - Sep - 23
Signature of DAFS Procurement Official:			Date:
Typed Name:	Kathy Paquette		10/30/2023