



### 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.*


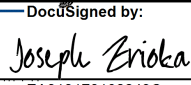
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS Dorothea Dix and Riverview Psychiatric Centers		
Department Contract Administrator or Grant Coordinator:		Brienne Carrero		
(If applicable) Department Reference #:		DRPC-25-B400		
Amount: (Contract/Amendment/Grant)		\$ 24,246.00	Advantage CT / RQS #:	RQS-10A-20240426*1532
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date:	6/30/2025
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:		Lee Baxter Enterprises, Inc. Westbrook, ME		
Brief Description of Goods/Services/Grant:		"Attendance on Demand" time and attendance system, which includes all hardware, software, licensing, maintenance and support for the entire duration of the agreement.		

### 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.	“Attendance on Demand” time and attendance system, which includes all hardware, software, licensing, maintenance and support for the entire duration of the agreement. This renewal is necessary due to the delayed implementation of a new Statewide time and attendance system.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Lee Baxter Enterprises, Inc. is the current provider and understands the current software and hardware that operates within both hospitals. This system has hardware and software which is compatible with the facility’s electronic card access system.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The amounts have been reviewed and deemed to be reasonable based upon prior years’ contract budgets. The current pricing is \$198 dollars, or .8% higher than FY 24 pricing.
4. Describe the plan for future competition for the goods or services.	Future competition will not be required as this system will be replaced upon the implementation of a new Statewide time and attendance system once available.
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:	8/24/24
Signature of DAFS Procurement Official:	DocuSigned by: 
Typed Name:	EA813178102243C... Joseph Zrioka Director of IT Procurement
Date:	10/4/2024