



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 Center	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall	
(If applicable) Department Reference #:		RPC-25-006	
Amount: (Contract/Amendment/Grant)	\$ 59,850.00	Advantage CT / RQS #:	CT 10A 202406270000RPC25006
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2027
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:		Trane U.S., Inc. Atlanta, GA	
Brief Description of Goods/Services/Grant:		HVAC Maintenance 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.

Riverview Psychiatric Center (RPC) is requesting a renewal of its current service contract for inspection and maintenance of the building's chiller and HVAC equipment. RPC is a climate-controlled facility; therefore, there is a need to have scheduled maintenance and the ability to solicit a quick response for any needed repairs to the chiller or HVAC units, which circulate the air flow of the facility. Riverview cannot open windows to let fresh air into the building. Temperatures could exceed to levels that are not appropriate for patient care if timely repairs and maintenance are not completed.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

There is a need to contract with the original/current provider, who installed the chiller, HVAC units, and coolers to provide maintenance services in order to keep up with the standards of maintenance. Provider's staff are all factory trained in the Trane chiller and HVAC equipment located at RPC. The Provider is a worldwide company who can obtain critical parts timely and they have access to emergency cooling equipment if needed. Lastly, the chiller system is operated with proprietary software from Trane.

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

Since RPC last contracted with Trane significant Hardware and software changes have taken place, including an additional, larger chiller, an entirely new upgraded control system as well as new software for the management of the control system.

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

The Department does not intend to enter into competitive procurement for this service. This vendor originally installed the equipment and the equipment is operated with proprietary software from this vendor. It would be extremely difficult to find another provider having comparable knowledge and expertise in the operations and maintenance of this equipment.

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 V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

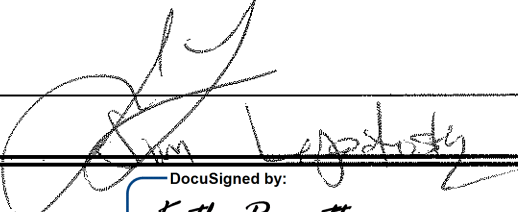
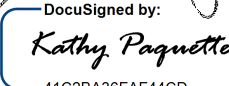
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

PART III: SUPPLEMENTAL INFORMATION

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:			
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/7/2024