



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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: | Jennifer Levesque / Lyndsay Frank | | |
| (If applicable) Department Reference #: | DDPC-24-611 | | |
| Amount: (Contract/Amendment/Grant) | \$ 6,905.00 | Advantage CT / RQS #: | RQS 10A 20240802*0000154 |
| CONTRACT | Proposed Start Date: | 5/19/2024 | Proposed End Date: 5/18/2025 |
| 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: | Hobart Service Carol Stream, IL | | |
| Brief Description of Goods/Services/Grant: | Maintenance service agreement for dishwasher | | |


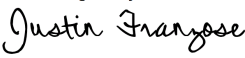
| PART II: JUSTIFICATION FOR VENDOR SELECTION | | | |
|--|-----------------------------------|--------------------------|----------------------------------|
| Check the box below for the justification(s) that applies to this request. (Check all that apply.) | | | |
| <input type="checkbox"/> | A. Competitive 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 checked="" 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. | Dorothea Dix Psychiatric Center current has a Hobart dishwasher. This invoice is the yearly service agreement for this dishwasher. |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. | The Hobart dishwasher must be serviced by a Hobart representative when need or the warranty will be voided. |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | The cost for this service agreement is fair and reasonable based on the cost of prior years. |
| 4. Describe the plan for future competition for the goods or services. | 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, 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 <u>Title 5, §18</u> and <u>§18-A</u>, in harmony with MRS <u>Title 17, §3104</u>.</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: | H. M. M. M. | Date: | 10/11/24 |
| Signature of DAFS Procurement Official: | <div style="border: 1px solid black; padding: 5px;"> <small>DocuSigned by:</small>  <small>AEED9C7B3A8044E...</small> </div> | | |
| Typed Name: | Justin Franzose | Date: | 10/11/2024 |