

**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:			
(If applicable) Department Reference #:		RPC-25-007	
Amount: (Contract/Amendment/Grant)	\$ 7,804.00	Advantage CT / RQS #:	CT 10A 20240624*RPC25007
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2024
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:		Minuteman Security Technologies, Inc Andover, MA	
Brief Description of Goods/Services/Grant:		Fire alarm system monitoring and maintenance	

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.

State and Federal regulations require that Riverview Psychiatric Center conduct inspections, calibration, preventive maintenance and reporting for its fire alarm system on a regular basis to maintain its accreditation and hospital licenses. Fire Alarm Systems must be inspected and calibrated in accordance with the NFPA National Fire Alarm Code 72. This is a mandatory facility requirement for hospital certification by CMS and accreditation by the Joint Commission.

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

There are limited vendors available to provide this service in the State of Maine. Renewing this contract with this Provider will be beneficial in ensuring continued compliance with the Joint Commission and CMS for licensing.

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

The FY25 quoted price of \$7804.00 is unchanged from FY24.

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

Because the contract budget for this service is under the statutory threshold of \$10,000.00, procuring this service via RFP would be cost-prohibitive to the State.

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).

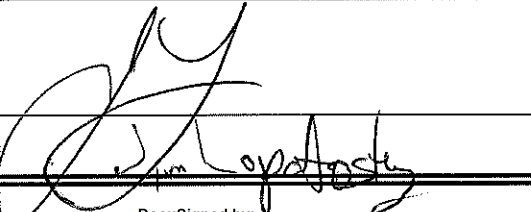
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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.

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:		Date:	26-Sep-24
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/17/2024