



## 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.

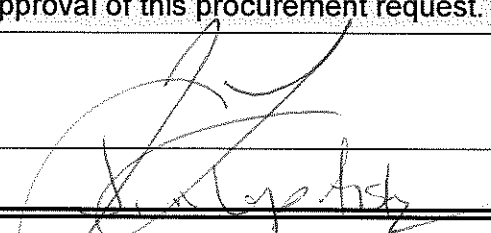

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Procurement Services intranet site (Forms page) for additional instructions.*

| PART I: OVERVIEW  |   |                       |                                     |
|---|---|-----------------------|-------------------------------------|
| Department Office/Division/Program:                     | DHHS – Dorothea Dix & Riverview Psychiatric Center                            |                       |                                     |
| Department Contract Administrator or Grant Coordinator: | Shawn Belanger / Storm Dexter   |                       |                                     |
| (If applicable) Department Reference #:                 | DRPC-25-B93   |                       |                                     |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 20,178.00  | Advantage CT / RQS #: | RQS-10A-20240424000000001522        |
| <b>CONTRACT</b>   | Proposed Start Date:  | <b>7/1/2024</b>       | Proposed End Date: <b>6/30/2025</b> |
| <b>AMENDMENT</b>  | Original Start Date:  |                       | Effective Date:                     |
|   | Previous End Date:  |                       | New End Date:                       |
| <b>GRANT</b>  | Project Start Date:   |                       | Grant Start Date:                   |
|   | Project End Date:   |                       | Grant End Date:                     |
| Vendor/Provider/Grantee Name,<br>City, State:           | Wizard Software Solutions<br>Chicago, IL                                      |                       |                                     |
| Brief Description of<br>Goods/Services/Grant:           | Facility maintenance software for work orders and scheduled plant 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.

| <b>PART III: SUPPLEMENTAL INFORMATION</b>   |   |
|---|---|
| 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 and Riverview Psychiatric Centers procured by means of State procurement procedures a software product back in June 2009 that allows the two facility departments to manage it's scheduling of plant maintenance. This software product is to prompt the facility department for mandatory scheduled maintenance and also includes a system for staff to request repairs and facility needs and is subsequently pushed out to the appropriate facility staff member for repairs. The software also issues reports on plant maintenance, repair requests and how and when the requests were met and outstanding request. This information assists management in assigning work and managing staff time. |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.  | This system is proprietary to the vendor. DDPC and RPC have used this system since 2009 and are very satisfied with the system. It would be cost-prohibitive to seek other vendors for this product.  |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.  | The vendor has provided both hospitals with this service since 2009 with minimal increase in cost. It would be cost-prohibitive to seek alternative providers of this service. The current pricing increase reflects a 10% increase in Facility Wizards' company pricing structure as well as a 37.5% increase in the number of RPC/DDPC users.   |
| 4. Describe the plan for future competition for the goods or services. .  | Several months would be required to define technological specifications and ensure compatibility for any potential alternative to the Facility Wizard system. This is a relatively inexpensive system that is already in use at both psychiatric hospitals. Undertaking a competitive process will negatively impact hospital operations and likely result in a significant additional cost to the State.   |
| <b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>   |   |
| 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.  |   |
| <b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>   |   |
| <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:   |   | Date: | 9-10-24    |
| Signature of DAFS Procurement Official:                             | DocuSigned by:<br><br>EA813178102243C... |       |            |
| Typed Name:   | Joseph Zrioka Director of IT Procurement  | Date: | 10/25/2024 |