

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 Riverview Psychiatric Center	
Department Contract Administrator or Grant Coordinator:		Brienne Carrero \ Melanie Boucher	
(If applicable) Department Reference #:		RPC-25-040	
Amount: (Contract/Amendment/Grant)	\$ 63,399.59	Advantage CT/ RQS #:	RQS10A 20240828*280
CONTRACT	Proposed Start Date:	9/1/2024	Proposed End Date: 12/31/2024
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:		Henry Schein Melville, NY	
Brief Description of Goods/Services/Grant:		Dental Chairs and Associated Equipment	

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.

This procurement is for three (3) dental Chairs and associated equipment for the dental clinic at Riverview Psychiatric Center. Two (2) ADEC 411 Chairs for the operatories and one (1) ADEC 311 chair for quick denture appointments. The expected useful life of a dental chair is 7 to 10 years. The current chairs are over twenty years old, are beyond repair and have exceeded their useful life. Replacement of these chairs is required to ensure infection control.

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

Henry Schein has been a reliable supplier of Dental Equipment dental equipment for years, including a ScanX Swift View Dental X-Ray system in 2020 and a panoramic 2D digital X-ray machine in 2023. Henry Schein has a proven track record of supplying reliable equipment to RPC's dental clinic and was also the low bidder for the current dental chair solicitation.

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

Henry Schein was solicited along with Patterson Dental. Henry Schein's pricing was \$\$621.07 less than Patterson Dental. Henry Schein has also passed along a 30% discount to RPC for these chairs, as noted on its quotation.

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

RPC will competitively solicit pricing for future requirements.

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.

Procurement Justification Form (PJF)

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Ben Murray	Date:	10/23/24
Signature of OAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	11/12/2024

NOI 1120241323