



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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 Psychiatric Center		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger / Emily Clifton		
(If applicable) Department Reference #:	DDPC-26-617		
Agency Department Code:	10A	Advantage CT / RQS #:	RQS 20251112000000000809
Amount: (Contract/Amendment/Grant)	\$11,000.00		
CONTRACT	Proposed/Original Start Date:	8/13/2025	Proposed/Most Recent End Date:
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Alpha Omega Masonry, LLC, Levant ME		
Brief Description of Goods/Services/Grant:	Emergency chimney repair		

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 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 checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. Higher Education 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.

The brick work on a chimney at DDPC had deteriorated to the point that bricks were in danger of falling into the outside yard of the patients. Additionally, rain was infiltrating the building through the chimney. This chimney needed to be repaired immediately.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The Director of Facilities contacted several vendors and chose the most economical one that could make the repairs immediately.

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

The repair cost is fair and reasonable based on the Director of Facilities experience and the emergency nature of the repair.

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

The Department does not intend to compactivity procure this service.

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) or (026) – 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

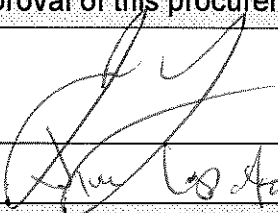
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.


PART VI: APPROVALS

Governor/Department Commissioner or Designee

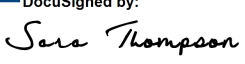
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:	Anne G. Hasty	Date: 4 Dec -25

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:	Todd Haber Acting Deputy Commissioner of Finance	Date: 12/4/2025

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: 	
Typed Name:	1AA58C7FD4B44B6... Sara Thompson	Date: 12 December 2025