



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

**DIVISION OF PROCUREMENT SERVICES**

STATE OF MAINE

**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 – Dorothea Dix Psychiatric Center	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Stacy Martin	
(If applicable) Department Reference #:		DDPC-24-613	
Amount: (Contract/Amendment/Grant)	\$ 7,525.00	Advantage CT / RQS #:	RQS 10A 20240514*1621
CONTRACT	Proposed Start Date:	2/26/2024	Proposed End Date: 3/8/2024
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:		XL Mechanical & Energy Mgt Bangor, ME	
Brief Description of Goods/Services/Grant:		Emergency replacement of heat pump compressors	

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 checked="" 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. 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.

Two of the heat pump compressors and boards failed at Dorothea Dix Psychiatric. These heat pumps provide heat to some of the patient units and needed to be replaced immediately.

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

XL Mechanical was the vendor that originally installed the compressors and has knowledge of the heating system at Dorothea Dix Psychiatric Center.

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

Given the emergency nature of the replacement, the cost is deemed fair and reasonable by the Director of Facilities. The compressors and boards were under warranty; this invoice is just for labor costs to install the replacement items.

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

This is an emergency replacement. The Department does not intend to RFP these services.

### 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).


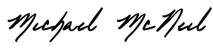
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Ben Mura	Date:	6/18/24
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	6/28/2024

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