



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:		Corrections, Long Creek Youth	
Department Contract Administrator or Grant Coordinator:		Catherine Curry	
(If applicable) Department Reference #:		Click or tap here to enter text.	
Amount: (Contract/Amendment/Grant)	\$ 31,500	Advantage CT / RQS #:	03A 20220907*0715
CONTRACT	Proposed Start Date:	Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	Effective Date:	1/1/2023
	Previous End Date:	New End Date:	6/30/2023
GRANT	Project Start Date:	Grant Start Date:	Click or tap to enter a date.
	Project End Date:	Grant End Date:	Click or tap to enter a date.
Vendor/Provider/Grantee Name, City, State:		Erin Chase Special Education Consulting Portland, Maine	
Brief Description of Goods/Services/Grant:		Special Education Consulting – Long Creek	

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 checked="" type="checkbox"/>	G. Grant
<input checked="" 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.

A special education director (033 certificate) is required by the state of Maine for any accredited high school. This means we must have someone contracted to work with our school for a minimum of 5 hours per month. This role will also provide us much needed supervision and structure in our special education program, which is a critical program in the AR Gould school.

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

Erin has worked with both special purpose private schools and public schools across Maine. This provides her a unique knowledge of how different levels of education systems work in this state. Our students often interact with the special purpose private schools Erin consults with, meaning she has significant knowledge of our student population and their needs. This is something that is unique to people who work with alternative school programming. Erin also has experience working with out of state placement students through her relationships with special purpose privates, this is another unique population we interact with frequently and her knowledge of their needs will prove to be essential in this role.

Erin's traditional public-school experience is critical because AR Gould is by definition a public school and therefore must follow public school rules. Erin's knowledge of special education law and how it interacts with public schools will be important in this role.

Erin's connection to other providers around the state will also allow us to subcontract for testing, student supports, and other roles that will need to be filled. Her wealth of connections and relationships will make acquiring new contract staff simpler and more effective. This is particularly important because of the rate of students entering the facility requiring testing and academic evaluations. Sub contractors and knowledge of this process are critical and Erin is well positioned to provide these connections.

Finally, Erin has acted in a consultant capacity at Long Creek and therefore has hands on, practical knowledge of our student body. Her combination of knowledge, experience, and hands on work make her uniquely situated to meet the Department's needs in this area.

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

The funding is typical for people with Erin's experience and background. Her rate is comparable to the rates of similar contactors across the state of Maine. The bulk of the funds will be allocated to salary, but a small portion will be allocated to resources and materials for her position – including recommended curriculum or tools to utilize with students. The funds for testing are essential and comparable to evaluators in the area.

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

This amends an existing contract to extend and expand services already underway. Competitive bids will be considered should the Department have a need which can be achieved by alternative service providers.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Christine Thibeault</i> <small>1EE8D729DD7F495...</small>			1/19/2023
Typed Name:	Christine Thibeault, Associate Commissioner	Date:	Click or tap to enter a date.	
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> <small>2D5B6E39F57E44A...</small>			
Typed Name:	Click or tap here to enter text.	Date:	Click or tap to enter a date.	

William J.E. Allen

1/25/2023

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