



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:	Office of Special Services and Inclusive Education		
Department Contract Administrator or Grant Coordinator:	Stacey Bean		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 5,579.28	Advantage CT / RQS #:	RQS 20231120*0761
CONTRACT	Proposed Start Date:	9/7/2021	Proposed End Date: 9/30/2021
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:	Mount Prospect Academy PO Box 328 Plymouth, NH 03264		
Brief Description of Goods/Services/Grant:	Provide education to students with disabilities who are state agency clients.		

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.

a. Mount Prospect Academy operates a special purpose private school that serves children with disabilities who are not successful in public schools.

b. IDEA, CFR, §1400 (d) (1) – (4); MRSA 20-A §7001 (2a), (6) both statutes provide that children identified as receiving special education services are entitled to a free and appropriate education. MRSA 20-A §15689-A 1. A.B.C.D. determines that the special education costs for State Agency Clients must be paid by the department in the allocation year at 100% of the actual costs.

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

The Maine Department of Education does not provide direct services to children with disabilities.

Mount Prospect Academy Inc. operates a special purpose private school that specializes in supporting children with learning disabilities in their special educational program.

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

Students are placed at Mount Prospect Academy Inc. by their IEP team. The DOE does not make decisions as to where the students receive the educational services. Therefore, the DOE must make funds available to this vendor for the services provided to State Agency Clients. The DOE has a yearly approval process and rate setting process for each special purpose private school in the State of Maine.

This RQS is to pay an invoice submitted late for a student placed there in September 2021.

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

Students are placed at Mount Prospect Academy Inc. by their IEP team. The DOE does not make decisions as to where the students receive their educational services. Therefore, this procurement does not lend itself to the use of a formal competitive process.

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Daniel Chuhta, Deputy Commissioner	Date:	1/19/2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>2D5B6E39F57E44A...</small>		
Typed Name:	William J.E. Allen	Date:	1/22/2024

NOI 0120240071 01/22/2024 - 01/28/2024

Certificate Of Completion

Envelope Id: A190ED06534F4873919CBCBCF3801BD0	Status: Completed
Subject: Please DocuSign This Document	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Daniel A. Chuhta Daniel.Chuhta@maine.gov
Envelopeld Stamping: Disabled	IP Address: 162.248.186.11
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

Record Tracking

Status: Original 1/19/2024 2:03:56 PM	Holder: Daniel A. Chuhta Daniel.Chuhta@maine.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Maine Department of Education	Location: DocuSign

Signer Events

Daniel A. Chuhta
Daniel.Chuhta@maine.gov
Deputy Commissioner
Maine Department of Education
Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Drawn on Device
Using IP Address: 72.231.250.95

Timestamp

Sent: 1/19/2024 2:03:57 PM
Viewed: 1/19/2024 2:05:31 PM
Signed: 1/19/2024 2:05:48 PM
Freeform Signing

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	1/19/2024 2:03:57 PM
Certified Delivered	Security Checked	1/19/2024 2:05:31 PM
Signing Complete	Security Checked	1/19/2024 2:05:48 PM
Completed	Security Checked	1/19/2024 2:05:48 PM

Payment Events

Status

Timestamps