

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

| <b>PART I: OVERVIEW</b>                                 |                              |   |                    |
|---|------------------------------|---|--------------------|
| Department Office/Division/Program :                    | Department of Education- EUT |   |                    |
| Department Contract Administrator or Grant Coordinator: | Cathy Severance              |   |                    |
| (If applicable) Department Reference#:                  | N/A                          |   |                    |
| Amount: \ \$20 000 00<br>(Contract/Amendment/Grant)     |                              | Advantage CT / RQS #: \ 05C20180809*465   |                    |
| CONTRACT  | Proposed Start Date:         |   | Proposed End Date: |
| AMENDMENT   | Original Start Date:         | 09/01/2018  | Effective Date:    |
|   | Previous End Date:           | 08/31/2020  | New End Date :     |
| GRANT   | Project Start Date:          |   | Grant Start Date:  |
|   | Project End Date:            |   | Grant End Date:    |
| Vendor/Provider/Grantee Name, City, State:              |                              | Cary Medical Center, 163 Van Buren Rd., Ste. 1, Caribou, ME 04736-3588            |                    |
| Brief Description of Goods/Services/Grant:              |                              | Special Education Speech Therapy & OT Services for EUT Special Education students |                    |

| <b>PART II: JUSTIFICATION FOR VENDOR SELECTION</b>  |                                   |          |                                  |
|---|-----------------------------------|----------|----------------------------------|
| Mark an "X" before the justification(s) that applies to this request. (Check all that apply.) |                                   |          |                                  |
|   | A. Competitive Process            |          | G. Grant                         |
| <b>X</b>  | B. Amendment                      |          | H. State Statute/Agency Directed |
| <b>X</b>  | C. Single Source/Unique Vendor    |          | I. Federal Agency Directed       |
|   | D. Proprietary/Copyright/Patents  | <b>X</b> | J. Willing and Qualified         |
|   | E. Emergency                      |          | K. Client Choice                 |
|   | F. University Cooperative Project |          | L. Other Authorization           |

| <b>PART III: SUPPLEMENTAL INFORMATION</b>   |
|---|
| Please respond to ALL of the following:   |
| <b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b> |

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### PART III: SUPPLEMENTAL INFORMATION

This amendment increases the funds available and is needed for services being provided for Unorganized Territory Special Education students. There has been an unanticipated increase in Speech & OT service needs for the students at UT Connor Consolidated School based on identified IEP's and services being provided by the Contractor from Sept-August 2020 for AY19-20.

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

The vendor was originally selected based upon the EUT receiving no responses in 2017-18 to an RFP request for its Special Education Therapy services for the Connor Twp area. A WCB and CT was approved by Procurement for Speech, OT and PT services. The provider no longer has a PT professional in its employ since 2018, so that service is no longer able to be provided.


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

The contractor charges the EUT \$90/hr for services which is a 50% reduction compared to their Public Service Cost rate of \$180/hr.

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

Considering the current COVID-19 public health crisis, it is doubtful that a new or competitive provider will be found at this time. Once the crisis is over, in AY20-21 an RFP will be put out to try to find additional providers, if for no other reason than to obtain a PT services provider to fill that need. A statewide shortage of Physical Therapists has contributed to the loss of providers for this most northern remote rural area for the EUT students that are served there.

### PART IV: APPROVALS

|   |   |              |          |
|---|---|--------------|----------|
| <b>Signature of requesting Department's Commissioner (or designee):</b> | <i>By signing below, I signify that I approve of this procurement request.</i>      |              |          |
|   |  |              |          |
| <b>Printed Name:</b>  | Daniel A. Chuhta  | <b>Date:</b> | 04-02-20 |
| <b>Signature of DAFS Procurement Official:</b>                          | DocuSigned by:<br><i>Kathy Paquette</i>   |              |          |
| <b>Printed Name:</b>  | 41C2BA36FAF44CD...<br>Kathy Paquette  | <b>Date:</b> | 4/8/2020 |