



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:		Department of Education - Special Services			
Department Contract Administrator or Grant Coordinator:		Stacey Bean			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)		\$ 6,783.00	Advantage CT / RQS #:		RQS #20230301*1045
CONTRACT	Proposed Start Date:	6/21/2023		Proposed End Date:	6/23/2023
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:		Maine Administrators of Services for Children with Disabilities (MADSEC) 50 Industrial Drive Augusta, Maine 04330			
Brief Description of Goods/Services/Grant:		MADSEC Director Academy – professional development			

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.

The job of the special education administrator is always challenging and sometimes complicated. In an effort to support the professionals working with children with disabilities, there is a constant need for ongoing training and guidance. The Department will again attend an annual Directors' Academy professional development three-day event.

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

- MADSEC, is uniquely positioned to undertake this work given their expertise and experience in the field of special education. MADSEC Serves as a resource for Maine schools and agencies who serve children and students with disabilities starting as far back as 1976 when the group was established.
- Represents special education within the State of Maine
- Offers quality professional development for special education teachers and administrators via numerous workshops and conferences on subjects ranging from special education law to the latest on IDEA to the best research on educating children and students with disabilities
- Provides professional support for educators who care for or teach children and students with any kind of disability, including various physical disabilities and/or learning disabilities.

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

The rates are comparable to others who contract for education related services. Throughout the many years doing trainings for MDOE, the rates have remained consistent. The funding was determined, after referencing years of services being charged at comparable rates.

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

Any future need for professional development will be discussed and then processed in accordance with State procurement policies and procedures.

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


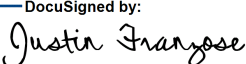
Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:	Daniel A. Chuhta	Date:	3/13/2023
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	AEED9C7B3A8044E... Justin Franzose	Date:	4/19/2023


Certificate Of Completion

Envelope Id: 8F8564DEC0724AEDA583141FEB0F32A0	Status: Completed
Subject: Please DocuSign This Document	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Daniel A. Chuhta Daniel.Chuhta@maine.gov
Envelopeld Stamping: Disabled	IP Address: 64.207.219.136
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

Record Tracking

Status: Original 3/13/2023 5:06:43 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

Signature	Timestamp
Daniel A. Chuhta Daniel.Chuhta@maine.gov Deputy Commissioner Maine Department of Education Security Level: Email, Account Authentication (None)	Sent: 3/13/2023 5:06:44 PM Viewed: 3/13/2023 5:06:54 PM Signed: 3/13/2023 5:07:34 PM Freeform Signing
	
Signature Adoption: Uploaded Signature Image Using IP Address: 72.231.250.95	

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	3/13/2023 5:06:44 PM
Certified Delivered	Security Checked	3/13/2023 5:06:54 PM
Signing Complete	Security Checked	3/13/2023 5:07:34 PM
Completed	Security Checked	3/13/2023 5:07:34 PM

Payment Events

Status

Timestamps