



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Division of Vocational Rehabilitation	
Department Contract Administrator or Grant Coordinator:		Jason Angel	
(If applicable) Department Reference #:			
Agency Department Code:	12A	Advantage CT / RQS #:	20250911*0426
Amount: (Contract/Amendment/Grant)		\$204,232	
CONTRACT	Proposed/Original Start Date:	1/1/2026	Proposed/Most Recent End Date: 9/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Alpha One, Portland ME 04101	
Brief Description of Goods/Services/Grant:		Independent Living Services (ILS) for persons with disabilities	

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. Higher Education 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.

This contract provides a program of Independent Living Services (ILS). Operation of this program helps ensure that individuals with severe disabilities can live safely in their homes and participate in community activities. The program is "funding of last resort" and provides equipment and home modifications for which individuals have no other resources. Without a State ILS Program, potential recipients of the services would be unable to accomplish their independent living goals, which would result in irreparable economic and human loss to the State.

Under subpart B of Title VII of the federal Rehabilitation Act, as amended, the State receives funds for the purpose of providing Independent Living Services. The Act requires that the State approve a State Plan for Independent Living (SPIL), which Maine has done, describing how the funds will be distributed. The SPIL, in establishing how the Title VII-B funds shall be used, specifies that the funds will go to the independent living center, Alpha One, to support services to consumers.

Maine statute (Title 26, Chapter 19, Subchapter 2, Article 3) authorizes such services.

PLEASE NOTE: The contract dates beginning in January of 2026 and the finalization of the contract (March 2026) are a result of the Federal Government shutdown, which delayed the distribution of funds.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The vendor is a Center for Independent Living, as defined in the Rehabilitation Act. Qualified centers are listed at <http://www.ilru.org/html/publications/directory/>. There is only one independent living center in Maine, Alpha One, which provides services statewide.

Independent living centers are consumer-directed non-profit organizations, with directors and personnel who deliver services often being individuals who have disabilities or direct personal experience with disability issues. Other than Alpha One, no other independent living center is available to provide these services in Maine. The prescribed standards for establishing and operating an independent living center are in Section 725 of the Rehabilitation Act.

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

The State established the costs for delivering IL services with Alpha One several years ago, and they have not changed. The costs of the professional services by Alpha One's Independent Living

PART III: SUPPLEMENTAL INFORMATION

Specialists are consistent with service fees for similar organizations. The consumers, the end-recipients of IL funding for home improvements, are given training by Alpha One on finding appropriate providers/installers at the most reasonable costs and, where applicable, leveraging funding from other programs. Alpha One provides services to all areas of the state.

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

In 2002, the Division advertised and solicited letters of intent for proposals for ILS, and Alpha One was the only respondent. In 2006, the Division again advertised and solicited letters of intent and several organizations responded, so the Division promulgated an RFP; five organizations requested a copy of the RFP, but none submitted proposals except Alpha One.

While development of additional IL centers in Maine might foster a more competitive IL network, the Statewide Independent Living Council, in the State Plan for Independent Living, does not envision such development as a viable option. The Title VII allocation to Maine is inadequate to support additional centers.

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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

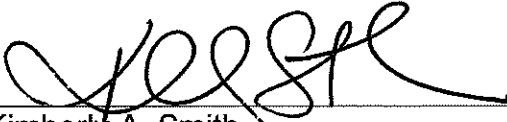
No – If No, proceed to Part V.

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

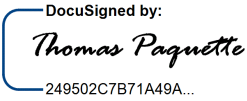
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee			
1. The signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kimberly A. Smith, Deputy Commissioner	Date:	
2. Additional signature required ONLY if box E (Emergency) is selected in PART II . The signature below indicates approval by the Department's Commissioner, or the <u>designee specifically authorized to approve emergency procurement requests</u> .			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	4/6/2026