



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)	\$ 6,400.00	Advantage CT / RQS #:	20220428*2650	
CONTRACT	Proposed Start Date:	5/3/2022	Proposed End Date:	12/30/2022
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:		Dylan Campbell PO Box 94 Island Falls, Maine 04747		
Brief Description of Goods/Services/Grant:		Executive Student Transition committee co-chairs will provide supports and feedback to EST committee members both verbal and written.		

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 co-chairs will assist Maine DOE Transition Specialist, Titus O'Rourke with the following, verbal and/or written feedback and recommendations for animation work, state transition framework/components, the transition hub blueprint and other areas of work agreed upon.

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

The vendor was selected based upon their active role in the state transition work, disability advocacy work and their personal experiences with special education services in Maine schools.

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. 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 transition work across the state will be discussed and then processed in accordance with State procurement policies and procedures.


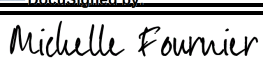
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:	5/16/2022
Signature of DAFS Procurement Official:	 <small>DocuSigned by: 066BBD96EE5347F...</small>		
Typed Name:	Michelle Fournier	Date:	5/24/2022


Certificate Of Completion

Envelope Id: 3FF73DB58CFF4FF39AEACB80521F299E	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
Enveloped Stamping: Disabled	IP Address: 64.207.219.9
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

Record Tracking

Status: Original 5/16/2022 2:37:10 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: 5/16/2022 2:37:11 PM Viewed: 5/16/2022 2:37:29 PM Signed: 5/16/2022 2:38:04 PM Freeform Signing
	
Signature Adoption: Uploaded Signature Image Signed by link sent to Daniel.Chuhta@maine.gov Using IP Address: 72.231.250.95	

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Envelope Sent	Hashed/Encrypted	5/16/2022 2:37:11 PM
Certified Delivered	Security Checked	5/16/2022 2:37:29 PM
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Completed	Security Checked	5/16/2022 2:38:04 PM

Payment Events**Status****Timestamps**