



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:		Department of Education – Education in the Unorganized Territories (EUT)	
Department Contract Administrator or Grant Coordinator:		Cathy Severance	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)		\$11,500.00	Advantage CT / RQS #: 05C20231107000000001342
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	8/15/2023	Effective Date: 8/15/2025
	Previous End Date:	8/14/2025	New End Date: 8/14/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Beverly Bubar / VC0000117313 88 Sweet Rd, Lincoln, ME 04457	
Brief Description of Goods/Services/Grant:		EUT School Nurse for ECS, KES schools for FY26 AY25-26.	

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.	
<p>Pursuant to 2001, c. 454, §11 (AMD), children who reside with a parent in the unorganized territory or who are resident emancipated minors or residents at least 18 years old are eligible to attend elementary and secondary schools and to receive appropriate special education and related services without charge to themselves or their parents. Education must be provided in alignment with the system of learning results as established in 20-A MRSA §6209 under the direction of the commissioner and must meet the general standards for elementary and secondary schooling and special education established.</p> <p>The EUT does not have licensed Registered Nursing staff to provide the required services. The need for the services is primarily located within EUT operated Edmunds Consolidated School & Kingman Elementary School in Penobscot & Washington Counties, but there may be intermittent needs in other areas of the EUT.</p>	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
<p>Beverly Bubar is a fully licensed RN in Penobscot County and able to provide the necessary services as needed and upon request. In addition, the fee of \$30 per hour as charged by the provider are consistent with other service providers who were willing in the past to provide these services.</p> <p>The cost of travel is less because of the resident location of the provider in Lincoln.</p> <p>To be qualified a vendor must have:</p> <ul style="list-style-type: none"> • An active and valid Registered Nurse license for these services issued by the State of Maine • Have an active criminal history record check (CHRC) through the Maine Department of Education • Liability Insurance <p>Any qualified provider who is interested in a contract should contact the listed contract administrator.</p>	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
<p>The EUT and the State of Maine does not provide staff in the school to provide the necessary consultation, evaluation, or therapy services as required for operations of EUT schools.</p>	

PART III: SUPPLEMENTAL INFORMATION

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

EUT will contract with any willing and qualified provider. Please contact the listed contract administrator

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: 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 signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Daniel A. Chuhta, DOE Deputy Commissioner	Date:	4/25/2025
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	5/13/2025

Certificate Of Completion

Envelope Id: 724E0B16-B7AB-4605-AC28-FC9A53B688AE

Status: Completed

Subject: Please Docusign This Document

Source Envelope:

Document Pages: 6

Signatures: 2

Envelope Originator:

Certificate Pages: 1

Initials: 0

Daniel A. Chuhta

AutoNav: Enabled

Daniel.Chuhta@maine.gov

Envelopeld Stamping: Disabled

IP Address: 64.207.219.7

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Record Tracking

Status: Original

Holder: Daniel A. Chuhta

Location: DocuSign

4/25/2025 11:20:55 AM

Daniel.Chuhta@maine.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Maine Department of Education

Location: Docusign

Signer Events

Signature

Timestamp

Daniel A. Chuhta

Sent: 4/25/2025 11:20:56 AM

Daniel.Chuhta@maine.gov

Viewed: 4/25/2025 11:21:30 AM

Deputy Commissioner

Signed: 4/25/2025 11:22:38 AM

Maine Department of Education

Freeform Signing

Security Level: Email, Account Authentication
(None)

Signature Adoption: Drawn on Device

Using IP Address: 174.236.103.192

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

4/25/2025 11:20:56 AM

Certified Delivered

Security Checked

4/25/2025 11:21:30 AM

Signing Complete

Security Checked

4/25/2025 11:22:38 AM

Completed

Security Checked

4/25/2025 11:22:38 AM

Payment Events

Status

Timestamps