



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:		DOL/BRS	
Department Contract Administrator or Grant Coordinator:		Libby Stone-Sterling	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 149,999.54	Advantage CT / RQS #:	20250506*2652
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2026
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:		Disability Rights Maine 160 Capitol Street Suite 4m Augusta, ME 04330	
Brief Description of Goods/Services/Grant:		Self-Advocacy Training for Youth -	

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 checked="" 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 Maine Division of Vocational Rehabilitation applied for and was awarded a five-year Disability Innovation Fund “Pathways to Partnerships” Grant (H421E230028) for a start date of October 1, 2023 through the US Department of Education’s Rehabilitation Services Administration. The Grant will introduce innovative services for children and youth with disabilities ages 10-24 in conjunction with key partners Maine Department of Education and Maine’s Center for Independent Living (Alpha One) leading to improved post-secondary education and employment outcomes. The funded grant included development of innovative model services and required the active participation and involvement of youth in the development and execution of those model services. Among the model services of the grant is “Self-Advocacy”. The success of the grant is dependent on fulfilling the requirements to provide “self-advocacy” training to children and youth with disabilities from participating school districts.

Disability Rights Maine has developed a curriculum, trained staff, and operationalized the Youth Self-Advocacy Project. The Project would :

- Equip Maine youth with disabilities, ages 10-24 with the knowledge, skills, and confidence to take ownership in their lives.
- Change the perception of Youth Self Advocacy program participants to challenge personal expectations and show individuals that their voices matter.
- Increase the sense of control that youth with disabilities feel over their lives.
- Strengthen the youth self-advocacy movement across Maine to improve outcomes and increase competitive integrated employment

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

Disability Rights Maine has completed a time-limited pilot launch of a Youth Self Advocacy Project in southern Maine with support from DHHS -Office of Aging and Development Services. Based on their results and grant requirements, Maine DVR is proposing a one-year contract to pilot expansion of those services to a broader youth population in targeted grant-participating schools in rural Maine. Disability Rights Maine is uniquely poised to fulfill this role.

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

The funding for this initiative is provided through a Disability Innovation Fund Grant to the Division of Vocational Rehabilitation. Agreed upon costs for this vendor were informed by grant requirements and submitted budget and budget narrative as well as by costs for the services established through the vendor’s previous work with the State of Maine – DHHS’ Office of Aging and Disability Services.

PART III: SUPPLEMENTAL INFORMATION

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

If the one-year pilot meets grant needs and continuation for the remainder of the grant is determined necessary, DVR will work with State Procurement to determine options for a future competition.

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.


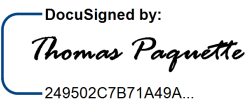
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Kimberly Smith, Deputy Commissioner	Date:	6/11/2025
Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	6/12/2025

