



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.

| PART I: OVERVIEW | | | |
|---|----------------------|---|-----------------------------|
| Department Office/Division/Program: | | Office of Special Services and Inclusive Education | |
| Department Contract Administrator or Grant Coordinator: | | Stacey Bean | |
| (If applicable) Department Reference #: | | N/A | |
| Amount: (Contract/Amendment/Grant) | \$ 121,600.00 | Advantage CT / RQS #: | 20250515*2712 |
| CONTRACT | Proposed Start Date: | 7/7/2025 | Proposed End Date: 7/6/2028 |
| 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: | | Julie Giaconne Enfield, CT 06082-5350 | |
| Brief Description of Goods/Services/Grant: | | To establish and strengthen relationships, connecting LEAs / SAUs with community-based settings, collaborating and compiling resources, creating and structuring healthy systems through the inclusive services in the early childhood setting. | |

| 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 transition of Child Find and Free Appropriate Public Education from Child Development Services requires the support and development of professional development for SAU's and programs in the mixed delivery system. There is also a need for support regarding the Part C to Part B transition and Extended Part C option once it is in practice.

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

Julie Giaconne is uniquely qualified to fulfill the responsibilities of this position due to her exceptional and comprehensive background in Early Childhood Education and Early Childhood Special Education. Her career reflects a rare combination of statewide systems leadership, program development, and service delivery innovation that directly aligns with the objectives of this role.

Ms. Giaconne has led the development of regional educational service centers, demonstrating her ability to design and implement scalable infrastructure that supports local programs and professional development across diverse communities. She was instrumental in the creation and implementation of an itinerant service delivery model, which has become a recognized best practice in the field. Additionally, she has played a key leadership role in establishing inclusive, mixed-delivery systems that align early learning and special education services—an area of critical importance to state policy and equity goals.

Her extensive experience in designing and leading statewide professional development initiatives has further prepared her to guide cross-sector collaboration and build capacity across the early childhood workforce. Given the depth and relevance of her expertise, Ms. Giaconne is uniquely positioned to fulfill this role. There are no other candidates with comparable qualifications and demonstrated impact in these specialized areas, making her appointment essential to the successful execution of the position's objectives.

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

The negotiated costs were developed based on the current hourly rate paid to other contracted providers. This would meet the fair and reasonable criteria. For example, the Department contracts with Suzanne Perry at the same rate for similar contracted services.

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

Any future training 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, 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

Date:

6/12/2025

Signature of DAFS
Procurement Official:

Signed by:
Sterling Doiron
4C537C52B586437...

Typed Name:

Sterling Doiron

Date:

7/7/2025