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:	DOL/BRS			
Department Contract Administrator or Grant Coordinator:	Samantha Fenderson			
(If applicable) Department Reference #:	N/A			
Agency Department Code:	12A	Advantage CT / RQS #:	20250509*2652	
Amount: (Contract/Amendment/Grant)	$37,500			
CONTRACT	Proposed/Original Start Date:	**7/1/2025**	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:	**7/1/2026**	New End Date (if Applicable):	9/30/2026
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.)

☐	A. Competitive Process	☒	G. Grant
☒	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 solicitation (RFP/RFA/RFQ) 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) 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):	Laura A. Fortman		
Typed Name:	Laura Fortman, Commissioner	Date:	7/15/2026

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 designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Laura A. Fortman, Commissioner	Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: Thomas Paquette 249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	7/21/2026