

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

### PART I: OVERVIEW

Department Office/Division/Program:		Labor/Division of Vocational Rehabilitation			
Department Contract Administrator or Grant Coordinator:		Libby Stone-Sterling			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)		\$ 8,377	Advantage CT / RQS #:		2020071400000000188
CONTRACT	Proposed Start Date:	July 13, 2020	Proposed End Date:	August 14, 2020	
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:		University of Maine Center for Community Inclusion and Disability Studies c/o University of Maine System			
Brief Description of Goods/Services/Grant:		Summer pre-college program for students with an Autism diagnosis			

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
<b>X</b>	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

### PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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**PART III: SUPPLEMENTAL INFORMATION**

This five-week virtual summer program will enroll approximately nine young people with a diagnosis on the Autism Spectrum. Through participation they will prepare for post-secondary education and employment. The program will include a three-credit college course, social skill instruction, Virtual Career Exploration Workshop curriculum and targeted seminars to assist with building college readiness.

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

The University of Maine's Center for Community Inclusion and Disability Studies (CCIDS) has unique resources to deliver targeted training and support to students with disabilities. Their staff include master and PhD level researchers and specialists in the field of Autism. They have a long track record of providing high level quality services to Maine professionals and individuals with disabilities. Through partnership with the College of Education they are able to leverage resources in evidence-based social skill instruction methods that are critical to the success of the program.

CCIDS successfully piloted a residential version of this program last summer and is able to use those resources to pivot to a virtual program in a timely manner that would not be possible if another vendor was to be sought out at this time.

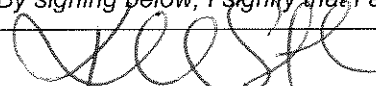
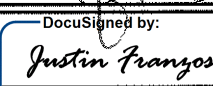
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

In order to keep costs down, CCIDS has obtained additional funding from the Developmental Disabilities Council to cover some program costs. DVR will use its own video conferencing platform for the DVR component of the program rather than purchase it through CCIDS. The five-week program will cost less than \$1000 per student in purchased services making it extremely cost-efficient.

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

DVR will explore opportunities to partner with other public Maine universities in the future once this virtual pilot has been completed.

**PART IV: APPROVALS**

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
<b>Printed Name:</b>	Laura A. Fortman, Commissioner	<b>Date:</b>	7/29/2020
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> 		
<b>Printed Name:</b>	<small>AEED9C7B3A8044E...</small> Justin Franzose	<b>Date:</b>	8/7/2020