

## 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:		Education, Office of Special Services		
Department Contract Administrator or Grant Coordinator:		Dawn Kliphan, Contract/Grant Specialist Tracy Whitlock, Education Specialist		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$63,000.00	Advantage CT / RQS #:	20200601*3632	
CONTRACT	Proposed Start Date:	10/1/20	Proposed End Date:	9/30/23
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:		Gallant Therapy Services		
Brief Description of Goods/Services/Grant:		Provide Assistive Technology (AT) device demonstrations and short-term loans to individuals with disabilities of all ages, their families, educators, health care professionals and other community service providers.		

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

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### PART III: SUPPLEMENTAL INFORMATION

This contract is funded under the "State Grants for Assistive Technology," Award #1601MESGAT, CFDA 93.464, administered by the US Department of Health and Human Services (DHHS), Administration for Community Living (ACL). Under this agreement, Gallant Therapy Services will be a participating AT provider for the Maine CITE Program and taking the place of CARES, Inc., which is unable to provide these services beyond September 30, 2020.

The Maine CITE Program is a statewide comprehensive program to increase access to, and acquisition of AT devices for people of all ages and disabilities covering the life domains of education, employment, community living and information technology/ telecommunications. AT devices are any item, piece of equipment, or product--whether acquired commercially or customized--that will increase, maintain or improve the functional capabilities of a person with a disability.

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

In accordance with the *Assistive Technology Act of 2004*, as amended (*AT Act*), the Maine DOE submitted a statewide and comprehensive State Plan for Assistive Technology to the US DOE, Rehabilitation Services Administration (RSA). RSA approved the State Plan, the Maine CITE Program, which specified the services that Maine will provide, and the AT provider organizations that will deliver those services. The Plan specifies several AT providers that will provide AT services; however, CARES, Inc. will no longer be providing these services after 9/30/20. Gallant Therapy Services will replace CARES, Inc. in Maine's State Plan for Assistive Technology.

Performance data, collected and reported by this Provider are used to assess and improve the Maine CITE Program, and to demonstrate that the State is meeting the performance goals of the Maine CITE State Plan for AT.



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

Annual AT grants awarded to states are driven by formulas. Contracts with this Provider will, as in the past with CARES, Inc., be based on the AT demonstration and loan services to be delivered. These services have been level funded for over seven years.

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

Members in the Maine CITE Program are cognizant of any new AT providers entering the field; however, under federal grant requirements, the grant will fund only those providers who offer AT device demonstrations, device loans/acquisitions, device reuse and recycling, or technical assistance pertaining to Accessible Educational Materials (AEM). Federal guidelines stipulate that the Maine CITE Program will provide for statewide, comprehensive AT services for individuals with disabilities of all ages, covering all disabilities. Gallant Therapy Services will be part of Maine's AT Consortium, a coordinated statewide network of service providers, specializing in AT services for individuals with disabilities of all ages.

### 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>	Daniel A. Chuhta	<b>Date:</b>	6/15/2020
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> 		
<b>Printed Name:</b>	<small>066BBD96EE5347F...</small> Michelle Fournier	<b>Date:</b>	8/7/2020


## Certificate Of Completion

Envelope Id: 2428D2EDD1BA4BB582D194BFCE04F7ED	Status: Completed
Subject: Please DocuSign This Document	
Source Envelope:	
Document Pages: 16	Signatures: 2
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Disabled	Daniel A. Chuhta
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	Daniel.Chuhta@maine.gov
	IP Address: 64.207.219.72

## Record Tracking

Status: Original 6/15/2020 10:53:17 AM	Holder: Daniel A. Chuhta Daniel.Chuhta@maine.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Carahsoft OBO Maine Department of Education	Location: DocuSign

## Signer Events

Signature	Timestamp
Daniel A. Chuhta Daniel.Chuhta@maine.gov Deputy Commissioner Maine Department of Education Security Level: Email, Account Authentication (None)	Sent: 6/15/2020 10:53:19 AM Viewed: 6/15/2020 10:54:36 AM Signed: 6/15/2020 10:56:45 AM Freeform Signing
	
Signature Adoption: Uploaded Signature Image Using IP Address: 98.2.238.149	

**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	6/15/2020 10:53:19 AM
Certified Delivered	Security Checked	6/15/2020 10:54:36 AM
Signing Complete	Security Checked	6/15/2020 10:56:45 AM
Completed	Security Checked	6/15/2020 10:56:45 AM

## Payment Events

Status

Timestamps