



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Education – Office of Special Services and Inclusive Education		
Department Contract Administrator or Grant Coordinator:		Stacey Bean		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 16,500.00	Advantage CT / RQS #:	20230727*0179
CONTRACT	Proposed Start Date:	8/1/2023	Proposed End Date:	7/31/2024
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:		Jan Neureuther 30 Calais Road Hodgdon, Maine 04730		
Brief Description of Goods/Services/Grant:		We are hiring PBIS coaches to build capacity and sustainability for Maine regions. Last fall the Maine PBIS team through the University of Maine developed a train the trainer/coach micro-credential.		
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.

PBIS (Positive Behavior Interventions & Supports) is expanding across the state of Maine. To build capacity and sustainability for Maine regions, last fall the Maine PBIS team through the University of Maine developed a train the trainer/coach micro-credential. The educators and administrators who applied for this opportunity went through a selection process and completed their training this spring. They are now prepared to coach and train in Maine.

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

Maine PBIS in collaboration with the University of Maine developed a university sanctioned PBIS training & coaching micro-credential with associated graduate level coursework. This vendor successfully completed the micro-credential and coursework requirements and was also recommended by the faculty coordinating the trainer/coach courses.

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

For each school that the coach works with, they will spend approximately a minimum of 40 hours a year. The coaches will also travel to the schools. This is a rate of \$125 and hour which is appropriate for consulting and coaching work of this type and would also include their travel expenses and any materials/supplies needed.

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

The PBIS coach contracts will be for one year – we need to have some flexibility for next year.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)



Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Daniel A. Chuhta	Date:	8/3/2023
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		

Procurement Justification Form (PJF)

Typed Name:	Kathy Paquette	Date:	8/7/2023
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