



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

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:		Education/Education in the Unorganized Territory	
Department Contract Administrator or Grant Coordinator:		Gary Lewis	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	05C	Advantage CT / RQS #:	20250825*324
Amount: (Contract/Amendment/Grant)	\$14,500.00		
CONTRACT	Proposed/Original Start Date:	8/28/2025	Proposed/Most Recent End Date: 8/15/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maxine Caler 62 Caler Rd., Centerville, ME 04623	
Brief Description of Goods/Services/Grant:		Student transportation for 1 UT Centerville Twp student. This provider is willing to continue an annual basis at this time.	

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. Higher Education 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.

Students residing in the unorganized territories will be provided transportation services as identified by statute. It is not cost effective to place a bus and driver in this remote location to transport 1 student. The EUT reaches out to and is willing to contract with qualified provider's to perform the necessary services.

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.

The EUT reaches out to and is willing to contract with any qualified provider to perform the necessary services.
It is not cost effective to place a state bus and driver in this remote location to transport 1 student.

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

Ms. Caler has provided transportation (CT 05C 2024*246) for the past several years, at the rate of (\$14,500.00 or \$82.86/day.) that will remain static for the 25-26AY.

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

The UT continually inquires, coordinates and collaborates with local area school districts as well as other transportation providers to gain information to acquire willing providers who are qualified and/or already providing services in other local districts.

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'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):			
Typed Name:	Daniel A. Chuhta, Deputy Commissioner	Date:	8/28/2025

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:		Date:	

OSPS Section Only

Signature of DAFS Procurement Official:	<div>Signed by:</div> <div>Sterling Doiron</div> <div>4C537C52B586437...</div>		
Typed Name:	Sterling Doiron	Date:	8/29/2025

Certificate Of Completion

Envelope Id: A27C5882-B12A-4B7C-A382-6CD36AB69ADA

Subject: Complete with Docusign: Caler PJF.pdf

Source Envelope:

Document Pages: 3

Certificate Pages: 1

AutoNav: Disabled

Envelopeld Stamping: Disabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:

Sterling Doiron

77 State House Station

111 Sewall Street

Augusta, ME 04333

Sterling.Doiron@maine.gov

IP Address: 71.169.188.88

Record Tracking

Status: Original

08/29/2025 | 09:51

Holder: Sterling Doiron

Sterling.Doiron@maine.gov

Location: DocuSign

Signer Events

Sterling Doiron

Sterling.Doiron@maine.gov

Sterling Doiron

Security Level: Email, Account Authentication
(None)

Signature

Signed by:

Sterling Doiron

4C537C52B586437...

Signature Adoption: Pre-selected Style

Using IP Address: 71.169.188.88

Timestamp

Sent: 08/29/2025 | 09:51

Viewed: 08/29/2025 | 09:52

Signed: 08/29/2025 | 09:52

Freeform Signing

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

08/29/2025 | 09:51

Certified Delivered

Security Checked

08/29/2025 | 09:52

Signing Complete

Security Checked

08/29/2025 | 09:52

Completed

Security Checked

08/29/2025 | 09:52

Payment Events

Status

Timestamps