

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:		Dept of Education – Educ In The Unorg Territories	
Department Contract Administrator or Grant Coordinator:		Cathy Severance	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$20,000.00	Advantage CT / RQS #:	05C20180802*367
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	08/15/18	Effective Date:
	Previous End Date:	08/14/22	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Balance Behavioral Consulting PO Box 685, Lincoln, ME 04457 VC#0000108191	
Brief Description of Goods/Services/Grant:		Behavioral Consulting Services for Special Education UT students	

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
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	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

Student's residing in the unorganized territories will be provided special education services as identified in each student's Individual Education Plan (IEP). Students are identified using mandated criteria set forth per Federal IDEA & Maine State Regulations. Every school is required by federal statute to provide a Free Appropriate Public Education (FAPE) for all students regardless of disability. The EUT does not have certified licensed counselors on staff to provide the required services. The EUT reaches out to and is **willing to contract with any willing and qualified, certified licensed provider to perform the necessary services.**

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

Christine Manley d/b/a BALANCE is fully licensed and able to provide the necessary services as needed and upon request. In addition, the fees charged by Christine Manley are consistent with other service providers who were willing in the past to provide these services. The cost of travel is less because of the location of the office in Lincoln and the surrounding schools that are being served.


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

The EUT and the State of Maine does not provide staff in the school to provide the necessary consultation, evaluation, or therapy services as required per each student's IEP. Again, the EUT reaches out to and is **willing to contract with any willing certified licensed provider to perform the necessary services.**

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

The EUT has several times begun the State of Maine process of submitting an RFP in order to advertise/request services from providers. During multiple RFP review processes, it was determined that due of the nature of the rural areas requiring services, limited responses to past competitive bids for these services in these areas and the fact that the UT was willing to accept any willing, certified licensed provider, a competitive process would not be required at this time." The UT continually inquires, coordinates and collaborates with local area school districts in order to gain information in order to acquire additional willing providers who are qualified and/or already providing services in other local districts.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
Printed Name:	Daniel A. Chuhta	Date:	8/16/2022
Signature of DAFS Procurement Official:	<small>Digitally signed by</small> <i>Michelle Fournier</i>		
	<small>066BBD06EE6347F...</small>		
Printed Name:	Michelle Fournier	Date:	9/12/2022


Certificate Of Completion

Envelope Id: C2CD3C6835FD461C836AFDE54A589442	Status: Completed
Subject: Please DocuSign This Document	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Daniel A. Chuhta Daniel.Chuhta@maine.gov
Envelopeld Stamping: Disabled	IP Address: 64.207.219.72
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

Record Tracking

Status: Original 8/16/2022 4:08:14 PM	Holder: Daniel A. Chuhta Daniel.Chuhta@maine.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: 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: 8/16/2022 4:08:15 PM Viewed: 8/16/2022 4:08:24 PM Signed: 8/16/2022 4:11:01 PM Freeform Signing
	
Signature Adoption: Uploaded Signature Image Using IP Address: 72.231.250.95	

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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	8/16/2022 4:08:15 PM
Certified Delivered	Security Checked	8/16/2022 4:08:24 PM
Signing Complete	Security Checked	8/16/2022 4:11:01 PM
Completed	Security Checked	8/16/2022 4:11:01 PM

Payment Events**Status****Timestamps**