

**PROCUREMENT JUSTIFICATION FORM (PJF)****PART I: OVERVIEW**

Department Office/Division/Program:		DOE – Education In The Unorganized Territories			
Department Contract Administrator or Grant Coordinator:		Cathy Severance			
(If applicable) Department Reference #:		N/A			
Amount: (Contract/Amendment/Grant)		\$ 40,000.00	Advantage CT / RQS #:	05C20210824*462	
CONTRACT	Proposed Start Date:	Click or tap to enter a date.		Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	9/20/2021		Effective Date:	9/13/2022
	Previous End Date:	9/12/2022		New End Date:	8/28/2023
GRANT	Project Start Date:	Click or tap to enter a date.		Grant Start Date:	Click or tap to enter a date.
	Project End Date:	Click or tap to enter a date.		Grant End Date:	Click or tap to enter a date.
Vendor/Provider/Grantee Name, City, State:		Kristine Mesman d/b/a Bold Coast Rehabilitation Services LLC, PO Box 364, Unit C, Calais, ME 04619 VC0000250091			
Brief Description of Goods/Services/Grant:		Special Education Services Provider – Occupational, Speech & Physical Therapy			

**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 checked="" 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 checked="" 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.

**PART III: SUPPLEMENTAL INFORMATION**

The purpose of this Contract is to provide physical, speech and occupational therapy services during academic year 2022-2023 for EUT special education students located at Edmunds Consolidated School, 21 Harrison Rd., Edmunds, ME 04628 and also to an EUT Marion student attending Washington Academy or any other local UT as may be needed. The provider will charge \$70 per hour and .30 cents per mile for services rendered, up to the contract total of **\$70,000.00**.

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

The need for services is identified through student IEP's and verified by the EUT Special Education Director as required by State and Federal Special Education MUSER laws.

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

Funding was initially allocated based upon Physical Therapy needs only. Another provider was contracted for Speech & OT services but due to staffing shortages has not been able to provide the required services. This vendor has service providers available and the EUT accepts any willing and qualified vendor. The hourly rate is in line with other EUT providers for same services in other areas of the state.

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

The EUT continually seeks available service providers for its challenging rural school areas through local SD communications as well as with local area business contacts. The EUT will contract with any willing and qualified provider.

**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, Deputy Comm DOE	Date:	8/19/2022
Signature of DAFS Procurement Official:			
Typed Name:	Michelle Fournier	Date:	Click or tap to enter a date.

**Certificate Of Completion**

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 Initials: 0

Envelope Originator:  
 Daniel A. Chuhta  
 Daniel.Chuhta@maine.gov  
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**Signer Events**

Daniel A. Chuhta  
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 Deputy Commissioner  
 Maine Department of Education  
 Security Level: Email, Account Authentication  
 (None)

**Signature**



Signature Adoption: Uploaded Signature Image  
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 Signed: 8/19/2022 10:28:26 AM  
 Freeform Signing

**Electronic Record and Signature Disclosure:**  
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**In Person Signer Events**

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Timestamp

**Editor Delivery Events**

Status

Timestamp

**Agent Delivery Events**

Status

Timestamp

**Intermediary Delivery Events**

Status

Timestamp

**Certified Delivery Events**

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**Carbon Copy Events**

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**Witness Events**

Signature

Timestamp

**Notary Events**

Signature

Timestamp

**Envelope Summary Events**

Status

Timestamps

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 Completed Security Checked

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**Payment Events**

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Timestamps