



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:		DOE-Education In The Unorganized Territories (EUT)	
Department Contract Administrator or Grant Coordinator:		Cathy Severance	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$33,825.00	Advantage CT / RQS #:	05C20230809*291
CONTRACT	Proposed Start Date:	8/15/2023	Proposed End Date: 8/14/2023
AMENDMENT	Original Start Date:		Effective Date: Click or tap to enter a date.
	Previous End Date:	Click or tap to enter a date.	New End Date: Click or tap to enter a date.
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Lindamood-Bell Learning Processes 1349 Centre St., Newton, MA 02459	
Brief Description of Goods/Services/Grant:		EUT Special Education Services AY23-24 & ESY23-24 215 Sessions of 1:1 Sensory-Cognitive Instruction-Online	

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.

The EUT has a student with Childhood Apraxia of Speech (CAS) which is an uncommon speech disorder in which a child has difficulty making accurate movements when speaking. In CAS, the brain struggles to develop plans for speech movement. With this disorder, the speech muscles aren't weak, but they don't perform normally because the brain has difficulty directing or coordinating the movements. Their speech therapy is delivered by those with required specialty skills above and beyond a typical therapist and it is delivered more frequently.

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

Children with CAS require a different level of intervention in order to benefit from their education. Their speech therapy is delivered by those with required specialty skills above and beyond a typical therapist and it is delivered more frequently. They also require specialized instruction to make connections to letters and letter sounds, this program delivers that specialized instruction. **The IEP Team has determined that AY23-24 services are needed = 215 additional days.**

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

The costs for this service are typical for the service provided and are equal to what other districts are charged for the same service in Maine. There are no other trained providers of this program available to us in Maine.

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

This is a unique and specialized provider of SPCH services not available in the State of Maine. The EUT continually inquires, coordinates and collaborates with local area school districts in order to gain information in order to acquire additional 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?

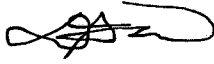
Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Daniel Chuhta, Dep Commissioner-DOE	Date:	9/5/2023
Signature of DAFS Procurement Official:	DocuSigned by: <i>Michelle Fournier</i>		
Typed Name:	Michelle Fournier	Date:	9/13/2023

Certificate Of Completion

Envelope Id: EC597FCBED994E789133E820A73E5F45

Status: Completed

Subject: Please DocuSign This Document

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Document Pages: 20

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Initials: 0

Daniel A. Chuhta

AutoNav: Enabled

Daniel.Chuhta@maine.gov

Envelope Stamping: Disabled

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Daniel.Chuhta@maine.gov

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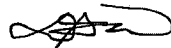
Signer Events**Signature****Timestamp**

Daniel A. Chuhta

Daniel.Chuhta@maine.gov

Deputy Commissioner

Maine Department of Education

Security Level: Email, Account Authentication
(None)

Signature Adoption: Drawn on Device

Using IP Address: 198.182.163.113

Sent: 9/5/2023 12:49:09 PM

Viewed: 9/5/2023 12:49:21 PM

Signed: 9/5/2023 12:52:18 PM

Freeform Signing

Electronic Record and Signature Disclosure:

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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

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