



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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		
Amount: (Contract/Amendment/Grant)	\$ 77,455.00	Advantage CT / RQS #:	2024*408
<b>CONTRACT</b>	Proposed Start Date:	8/28/2024	Proposed End Date: 8/14/2025
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Rowells Transportation, LLC Dover Foxcroft, ME		
Brief Description of Goods/Services/Grant:	Provide SPED Transportation to MSAD 41		

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 checked="" 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.

Vendor to provide transportation to MSAD 41 of a special education (SPED) student who recently moved into EUT Atkinson. SPED students are required to be provided transportation per their individual IEP as stated in MUSER law.

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

The EUT needs to acquire transportation services for this new student for the start of the school year, which is in a few days, in order to be compliant with the legal requirement of FAPE for special education students to meet goals outlined in each student's IEP. Given this immediacy of the need, there is not a lot of time to get a contract in place. Rowells Transportation has experience with the transportation of SPED children, is the current regular education transportation provider in the area, and is able to meet the EUT's timeline requirements.

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

Rates are consistent with other providers based upon vehicle operating expenses as well as the number of SPED kids to be provided transportation. Funding is provided through EUT Education General Fund Dollars

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

The EUT continually reaches out to learn if there are any potential vendors for these services. EUT is reviewing the availability of the services in the area and are monitoring the need for the service to determine best method to procure future services. This includes the potential for an RFP.

**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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	<i>Pender Makin</i>		
Typed Name:	Pender Makin, Commissioner	Date:	8/29/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	9/4/2024

**Certificate Of Completion**

Envelope Id: 0DC2F8056D114F4BBF37F26B9B5D0EA2  
 Subject: Here is your signed document: Rowells MSAD 41 (PJF)\_REV 8.12.2024.docx  
 Source Envelope:  
 Document Pages: 3 Signatures: 1  
 Certificate Pages: 1 Initials: 0  
 AutoNav: Enabled  
 EnvelopeId Stamping: Disabled  
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:  
 Pender Makin  
 Pender.Makin@maine.gov  
 IP Address: 20.236.201.102

**Record Tracking**

Status: Original  
 8/29/2024 9:19:55 AM  
 Security Appliance Status: Connected  
 Storage Appliance Status: Connected  
 Holder: Pender Makin  
 Pender.Makin@maine.gov  
 Pool: StateLocal  
 Pool: Maine Department of Education

Location: DocuSign

Location: DocuSign

**Signer Events**

Pender Makin  
 Pender.Makin@maine.gov  
 Commissioner  
 Carahsoft OBO Maine Department of Education  
 Security Level: Email, Account Authentication (None)

**Signature**

*Pender Makin*  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 198.182.163.113

**Timestamp**

Sent: 8/29/2024 9:19:56 AM  
 Viewed: 8/29/2024 9:20:13 AM  
 Signed: 8/29/2024 9:20:42 AM  
 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**

Claudette D Coyne  
 Claudette.D.Coyne@maine.gov  
 Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 8/29/2024 9:20:43 AM  
 Viewed: 8/29/2024 9:21:22 AM

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

**Witness Events**

**Signature**

**Timestamp**

**Notary Events**

**Signature**

**Timestamp**

**Envelope Summary Events**

**Status**

**Timestamps**

Envelope Sent	Hashed/Encrypted	8/29/2024 9:19:56 AM
Certified Delivered	Security Checked	8/29/2024 9:20:13 AM
Signing Complete	Security Checked	8/29/2024 9:20:42 AM
Completed	Security Checked	8/29/2024 9:20:43 AM

**Payment Events**

**Status**

**Timestamps**