



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:	DOL/BRS/DBVI			
Department Contract Administrator or Grant Coordinator:	Annette Stevens			
(If applicable) Department Reference #:				
Agency Department Code:	12A	Advantage CT / RQS # :	20250717*0077	
Amount: (Contract/Amendment/Grant)	\$214,654.03			
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2026
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:		The Iris Network Portland Me 04102		
Brief Description of Goods/Services/Grant:		24/7 on-campus vocational rehabilitation services, and regional group cohorts; To include assessment, direct instruction, consultation and support. This also includes housing, meals, shuttle transportation, resident support services, and recreational activities.		

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.

The State of Maine Department of Labor, Division for the Blind and Visually Impaired (DBVI) identified the need for an in-state comprehensive, immersion-model blindness rehabilitation and vocational training center that would integrate blindness-specific skills instruction into activities promoting employment preparation and vocational training.

In 2015, renovations of the Ryan Building, which is owned by The Iris Network and located at 189 Park Avenue in Portland, Maine, were completed in order to establish this type of blindness rehabilitation and vocational training center through an Establishment Project funded by DBVI, utilizing VR grant award funds from the U.S. DOE Rehabilitation Services Administration (RSA), and The Iris Network.

The services provided at the center are essential to DBVI consumers and provide a less costly option of staying in-state to receive them.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

The Iris Network has the only residential Rehab Center in Maine and has been providing services to Maine's citizens that are blind and visually impaired since 1905. Due to blindness being such a low incidence disability population and the Iris Network's longevity in this arena, they have the unique assets, knowledge needed, and certified staff to provide quality services in this format. At that time and currently the Iris Network is the only comprehensive blindness rehabilitation facility in Maine.

These services cannot be performed by a State Agency due to lack of sufficient staffing and facilities.

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

The costs associated with this contract were negotiated and agreed upon based after discussion of program expenditures and calculation of fee for service rates. The services provided will be delivered by Nationally Certified and/or State Licensed Rehabilitation professionals.

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

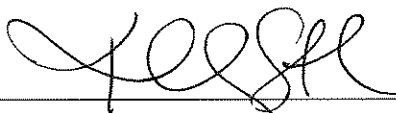
It is unknown if there will be an agency that provide these services in the future in the State of Maine.

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 signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Kimberly A Smith, Commissioner

Date:

9/12/2025

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.


Signature of requesting
Department's Commissioner
(or designee):

N/A

Typed Name:

N/A

Date:

Signature of DAFS
Procurement Official:DocuSigned by:

249502C7B71A49A...

Typed Name:

Thomas Paquette

Date:

9/17/2025