

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: | Department of Education – Special Services | | | |
| Department Contract Administrator or Grant Coordinator: | Stacey Bean | | | |
| (If applicable) Department Reference #: | | | | |
| Amount: (Contract/Amendment/Grant) | \$23,000.00 | Advantage CT / RQS #: | 20210930*0899 | |
| CONTRACT | Proposed Start Date: | 10/01/2021 | Proposed End Date: | 6/30/2022 |
| AMENDMENT | Original Start Date: | | Effective Date: | |
| | Previous End Date: | | New End Date: | |
| GRANT | Project Start Date: | | Grant Start Date: | |
| | Project End Date: | | Grant End Date: | |
| Vendor/Provider/Grantee Name, City, State: | Jim Artesani 14 Spencer Street Orono, Maine 04473 | | | |
| Brief Description of Goods/Services/Grant: | Positive Behavior Intervention and Support training, while also doing training for SWIS within a new SPDG grant. | | | |

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

PBIS is a research and evidence based multi-tiered system of support framework that benefits students, educators and school communities. The Maine Department of Education is scaling up this work across the state and to do this, additional support is necessary. Dr. Artesani will assist to support both training and coaching that will aid in this goal of PBIS implementation.

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

Arthur is a nationally certified PBIS trainer/coaches. Arthur is an experienced trainer and coach and has worked in Maine schools for decades.



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

The rates are comparable to others who contract for education related services and the funding was allocated to the grantee since he has the necessary expertise with a focus on Maine schools.

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

Any future need for improvement work across the state will be discussed and then processed in accordance with State procurement policies and procedures.

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: | 10/1/2021 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small>  | | |
| | <small>066BBD96EE5347F...</small> Michelle Fournier | | |
| Printed Name: | Michelle Fournier | Date: | 10/6/2021 |


Certificate Of Completion

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|---|---|
| Envelope Id: 91DFCFAEEAB443A7B43E066E7538F530 | 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 10/1/2021 3:01:20 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: 10/1/2021 3:01:22 PM Viewed: 10/1/2021 3:15:04 PM Signed: 10/1/2021 3:15:35 PM Freeform Signing |
|  | |
| Signature Adoption: Uploaded Signature Image Using IP Address: 72.231.250.95 | |

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