



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.

PART I: OVERVIEW

| | | | |
|---|----------------------|--|------------------------------|
| Department Office/Division/Program: | | Dept of Ed – Education In The Unorganized Territories | |
| Department Contract Administrator or Grant Coordinator: | | Cathy Severance | |
| (If applicable) Department Reference #: | | N/A | |
| Amount: (Contract/Amendment/Grant) | \$ 10,000.00 | Advantage CT / RQS #: | 05C20230822*495 |
| CONTRACT | Proposed Start Date: | 8/15/2023 | Proposed End Date: 8/14/2024 |
| 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: | | Balance Behavioral Consulting PO Box 685, Lincoln, ME 04457 VC#0000108191 | |
| Brief Description of Goods/Services/Grant: | | EUT Student Behavioral Consultant | |

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.

Pursuant to 2001, c. 454, §11 (AMD), children who reside with a parent in the unorganized territory or who are resident emancipated minors or residents at least 18 years old are eligible to attend elementary and secondary schools and to receive appropriate special education and related services without charge to themselves or their parents. Education must be provided in alignment with the system of learning results as established in 20-A MRSA §6209 under the direction of the commissioner and must meet the general standards for elementary and secondary schooling and special education established.

The EUT does not have certified licensed counselors on staff to provide the required services. The need for the services is primarily located within EUT operated schools in Aroostook, Penobscot & Washington Counties, but there may be intermittent needs in other areas of the EUT.

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

Christine Manley d/b/a BALANCE is fully licensed and able to provide the necessary services as needed and upon request. In addition, the fees charged by Christine Manley are consistent with other service providers who were willing in the past to provide these services. The cost of travel is less because of the location of the office in Lincoln and the surrounding schools that are being served.

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

The EUT and the State of Maine does not provide staff in the school to provide the necessary consultation, evaluation, or therapy services as required per each student's IEP. Again, the EUT reaches out to and is **willing to contract with any certified licensed provider to perform the necessary services.**

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

During multiple RFP review processes, it was determined that due of the nature of the rural areas requiring services, limited responses to past competitive bids for these services in these areas and the fact that the UT was willing to accept any willing, certified licensed provider, a competitive process would not be required at this time."

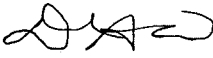
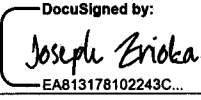
The UT continually inquires, coordinates and collaborates with local area school districts in order to gain information in order to acquire additional willing providers who are qualified and/or already providing services in other local districts.

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.

| | | | |
|--|---|-------|-----------|
| Signature of requesting Department's Commissioner (or designee): |  | | |
| Typed Name: | Daniel Chuhta | Date: | 10/4/2023 |
| Signature of DAFS Procurement Official: |  | | |
| Typed Name: | Joseph Zrioka Director of IT Procurement | Date: | 9/29/2023 |

Certificate Of Completion

Envelope Id: 37BE292E9F4744CB8D143276654B499E

Status: Completed

Subject: Please DocuSign This Document

Source Envelope:

Document Pages: 25

Signatures: 1

Envelope Originator:

Certificate Pages: 1

Initials: 0

Daniel A. Chuhta

AutoNav: Enabled

Daniel.Chuhta@maine.gov

Envelopeld Stamping: Disabled

IP Address: 64.207.219.73

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Record Tracking

Status: Original

Holder: Daniel A. Chuhta

Location: DocuSign

10/4/2023 12:52:03 PM

Daniel.Chuhta@maine.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Maine Department of Education

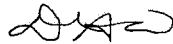
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Signer Events

Signature

Timestamp

Daniel A. Chuhta



Sent: 10/4/2023 12:52:04 PM

Daniel.Chuhta@maine.gov

Viewed: 10/4/2023 12:52:26 PM

Deputy Commissioner

Signed: 10/4/2023 12:53:31 PM

Maine Department of Education

Signature Adoption: Drawn on Device

Freeform Signing

Security Level: Email, Account Authentication (None)

Using IP Address: 198.182.163.113

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

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

10/4/2023 12:52:04 PM

Certified Delivered

Security Checked

10/4/2023 12:52:26 PM

Signing Complete

Security Checked

10/4/2023 12:53:31 PM

Completed

Security Checked

10/4/2023 12:53:31 PM

Payment Events

Status

Timestamps

Certificate Of Completion

| | |
|--|---------------------------|
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| Subject: Complete with DocuSign: PJF Balance - Manley AY23-24 EUT SPED-Beh.docx ITP-232217 | |
| Source Envelope: | |
| Document Pages: 3 | Signatures: 1 |
| Certificate Pages: 5 | Initials: 0 |
| AutoNav: Enabled | Envelope Originator: |
| Envelopeld Stamping: Enabled | Joseph Zrioka |
| Time Zone: (UTC-05:00) Eastern Time (US & Canada) | joseph.a.zrioka@maine.gov |
| | IP Address: 76.28.45.11 |

Record Tracking

| | | |
|---|---|--------------------|
| Status: Original 9/29/2023 10:29:30 AM | Holder: Joseph Zrioka joseph.a.zrioka@maine.gov | Location: DocuSign |
| Security Appliance Status: Connected | Pool: StateLocal | |
| Storage Appliance Status: Connected | Pool: State of Maine - Office of Information Technology | Location: DocuSign |

Signer Events

Joseph Zrioka
joseph.a.zrioka@maine.gov
Director of IT Procurement
State of Maine - Office of Information Technology
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:
Joseph Zrioka
EA813178102243C...
Signature Adoption: Pre-selected Style
Using IP Address: 76.28.45.11

Timestamp

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Viewed: 9/29/2023 10:32:20 AM
Signed: 9/29/2023 10:32:28 AM

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

Olivia Schafer
olivia.schafer@maine.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 9/29/2023 10:32:29 AM
Viewed: 9/29/2023 10:51:45 AM

Electronic Record and Signature Disclosure:
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Katherine Warren
katherine.warren@maine.gov
Education Data Manager- MDOE
Maine Department of Education
Security Level: Email, Account Authentication (None)

COPIED

Sent: 9/29/2023 10:32:30 AM

Electronic Record and Signature Disclosure:
Accepted: 12/9/2022 3:33:50 PM
ID: 775ae2e1-0e6f-45c8-9a71-80af987f1644

| Carbon Copy Events | Status | Timestamp |
|---|---------------|-----------------------------|
| Jennifer L Tarr Jennifer.L.Tarr@maine.gov DOE Procurement Director Carahsoft OBO Maine Department of Education Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 5/20/2021 2:29:25 PM ID: 71ebd786-a01b-4229-bdd0-877f12eec3e3 | COPIED | Sent: 9/29/2023 10:32:30 AM |
| ITPROC itprocurement@maine.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign | COPIED | Sent: 9/29/2023 10:32:31 AM |

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
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| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
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| Envelope Summary Events | Status | Timestamps |
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|---------------------|------------------|-----------------------|
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| Certified Delivered | Security Checked | 9/29/2023 10:32:20 AM |
| Signing Complete | Security Checked | 9/29/2023 10:32:28 AM |
| Completed | Security Checked | 9/29/2023 10:32:31 AM |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
|----------------|--------|------------|

| Electronic Record and Signature Disclosure |
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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

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