



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:	Office of Special Services and Inclusive Education		
Department Contract Administrator or Grant Coordinator:	Stacey Bean		
(If applicable) Department Reference #:	N/A		
Agency Department Code:	05A	Advantage CT / RQS #:	20250811*0215
Amount: (Contract/Amendment/Grant)	\$90,589.41		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:	Click or tap to enter a 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:	Vermont Permanency Initiative Portsmouth, NH		
Brief Description of Goods/Services/Grant:	Provide Special Education to students with disabilities who are state agency clients		

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 checked="" 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.

- a. Vermont Permanency Initiative operates a special purpose private school that serves children with disabilities who are not successful in public schools.
- b. IDEA, CFR, §1400 (d) (1) – (4); MRSA 20-A §7001 (2a), (6) both statutes provide that children identified as receiving special education services are entitled to a free and appropriate education. MRSA 20-A §15689-A 1. A.B.C.D. determines that the special education costs for State Agency Clients must be paid by the department in the allocation year at 100% of the actual costs.

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

The Maine Department of Education does not provide direct services to children with disabilities. Vermont Permanency Initiative operates a special purpose private school that specializes in supporting children with learning disabilities in their special educational program.

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

Students are placed at Vermont Permanency Initiative by their IEP team. The DOE does not make decisions as to where the students receive the educational services. Therefore, the DOE must make funds available to this vendor for the services provided to State Agency Clients.

The DOE has a yearly approval process and rate setting process for each special purpose private school in the State of Maine.

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

Students are placed at Vermont Permanency Initiative by their IEP team. The DOE does not make decisions as to where the students receive their educational services. Therefore, this procurement does not lend itself to the use of a formal competitive process

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](#).

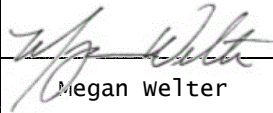
The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

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



Typed Name: Megan welter

Date: 9/8/2025

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

Typed Name:

Date:

****OSPS Section Only****

Signature of DAFS Procurement Official:

Signed by:

Sterling Doiron

Typed Name: Sterling Doiron

Date: 10/14/2025

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to jennifer.l.tarr@maine.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Carahsoft OBO Maine Department of Education as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Carahsoft OBO Maine Department of Education during the course of your relationship with Carahsoft OBO Maine Department of Education.

Certificate Of Completion

Envelope Id: 18275E51-A8CD-4FE2-8EF2-02BE236121C0	Status: Completed
Subject: Complete with Docusign: Procurement Justification Form - Vermont Permanency Initiative - Signed.pdf	
Source Envelope:	
Document Pages: 4	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Disabled	Envelope Originator:
Envelopeld Stamping: Disabled	Sterling Doiron
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	77 State House Station
	111 Sewall Street
	Augusta, ME 04333
	Sterling.Doiron@maine.gov
	IP Address: 198.182.163.121


Record Tracking

Status: Original	Holder: Sterling Doiron	Location: DocuSign
10/14/2025 08:18	Sterling.Doiron@maine.gov	

Signer Events

Sterling Doiron
 Sterling.Doiron@maine.gov
 Sterling Doiron
 Security Level: Email, Account Authentication (None)

Signature

Signed by:

 Sterling Doiron
4C537C52B586437...
 Signature Adoption: Pre-selected Style
 Using IP Address: 198.182.163.121

Timestamp

Sent: 10/14/2025 | 08:18
 Viewed: 10/14/2025 | 08:18
 Signed: 10/14/2025 | 08:19
 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

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	10/14/2025 08:18
Certified Delivered	Security Checked	10/14/2025 08:18
Signing Complete	Security Checked	10/14/2025 08:19
Completed	Security Checked	10/14/2025 08:19

Payment Events

Status

Timestamps