



## 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:		BRS/DOL		
Department Contract Administrator or Grant Coordinator:		Sean Keegan		
(If applicable) Department Reference #:		N/A		
Agency Department Code:	12A	Advantage CT / RQS #:	20251007*0633	
Amount: (Contract/Amendment/Grant)		\$53,537		
<b>CONTRACT</b>	Proposed/Original Start Date:	<b>10/1/2025</b>	Proposed/Most Recent End Date:	<b>9/30/2026</b>
<b>AMENDMENT</b>	New Effective Date:		New End Date (if Applicable):	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Education associates PO Box 23308 Louisville, KY 40223		
Brief Description of Goods/Services/Grant:		Purchase of independent living curriculum for DVR 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 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
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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.

Education associates has created hands on career kits that follow proven evidenced based practice. DVR purchased two kits last year to use in two regions of the state. We have seen a positive impact in bringing physical tasks and tools to the school settings for students to use. Our goal is to expand this use to our Northern Region and to bring these kits to our targeted caseloads serving Adults with ID/DD.

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.

Education associates created and designed their kits which has a proven evidence based practice on improving outcomes for students with disabilities in learning employment skills.

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

Education Associates gave DVR a 15% discount for our continued collaboration with them and expanding our use of the kits. We also did not need to utilize training as we had a series of staff trained by Education Associates last year and can maintain inhouse training going forward.

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

Education associates is a unique vendor and no one else offers their kits.

**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) or (026) – 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:	Kimberly Smith, Deputy Commissioner	Date:	10/16/2025

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:			
Typed Name:	Justin Franzose	Date:	10/17/2025