



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:	Labor/ Division of Vocational Rehabilitation		
Department Contract Administrator or Grant Coordinator:	Samantha Fenderson		
(If applicable) Department Reference #:			
Agency Department Code:	12A	Advantage CT / RQS #:	20251006*0741
Amount: (Contract/Amendment/Grant)	\$22,124.42		
CONTRACT	Proposed/Original Start Date:	11/1/2025	Proposed/Most Recent End Date: 7/31/2026
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:		Riding To the Top, Windham, Maine	
Brief Description of Goods/Services/Grant:		Delivery of Pilot Pre-Employment Transition Program	

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.	Riding to the Top will be providing a pilot Pre-Employment Transition Program that will work with up to 10 students with disabilities to learn about horse/barn management and explore vocational options which includes curriculum from Empower the Learner.
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 vendor was selected due to the proximity of the school that VR identified and is collaborating with. The vendor has the facilities and access to barn and school space to host the online and discussion component of the curriculum.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	15% of the DVR's budget is allocated to pre-employment transition services. This is a pilot program with one school to assess pre and post learnings, qualitative measures of career pathway development. The curriculum will be taught by both Riding to the Top staff and Maine Parent Federation. The costs associated with the program are \$2,212 per student which is reasonable for the length of the school year.
4. Describe the plan for future competition for the goods or services.	Based on results and feedback from students, school staff, VR Counselor, will be determined to continue program. At that time, we will initiate RFP proposal.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	


PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <u>Title 5, §18 and §18-A</u>, in harmony with MRS <u>Title 17, §3104</u>.</i>	

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

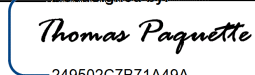
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kimberly A. Smith, Deputy Commissioner	Date:	10/29/2025

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:	<small>DocuSigned by:</small>  <small>249502C7B71A49A</small>		
Typed Name:	Thomas Paquette	Date:	10/30/2025