



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

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:		Education/Education in the Unorganized Territory	
Department Contract Administrator or Grant Coordinator:		Gary Lewis	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	05C	Advantage CT / RQS #:	20251020*938
Amount: (Contract/Amendment/Grant)		\$ 34,050.00	
CONTRACT	Proposed/Original Start Date:	10/27/2025	Proposed/Most Recent End Date: 8/14/2026
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:		RideSource Norway, ME	
Brief Description of Goods/Services/Grant:		Provide SPED Transportation	

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 checked="" 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.

The EUT needs to provide transportation to Bridge Crossing Treatment Facility for a special education (SPED) student residing in Albany TWP. The EUT is required to provider transportation for SPED students per their individual IEP (IEP) as stated in the Maine Unified Special Education Regulations (MUSER). The EUT has an unexpected immediate need for these services and without them a SPED student will not be able to attend classes.

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.

RideSource Transportation is uniquely situated to provide these services within the immediate timeframe needed and is only known qualified provider in the area. The Provider has experience with the transportation of SPED children and is the current regular education transportation provider in the area. The EUT must be compliant with FAPE for special education students to meet goals outlined in each student’s IEP.

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

Rates are consistent with other providers based upon vehicle operating expenses as well as the number of SPED kids to be provided transportation. Funding is provided though EUT Education General Fund Dollars

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

This vendor is currently the only qualified provider in the area. The EUT continually reaches out to learn if there are any new potential vendors. If a new vendor becomes available in the area and a the need is known in an allowable timeframe, the EUT will work to publish an RFP.

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.

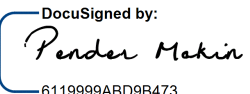
PART VI: APPROVALS

Governor/Department Commissioner or Designee

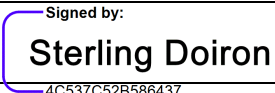
1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Pender Makin	Commissioner	Date: 10/30/2025

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:	Pender Makin	Commissioner	Date: 10/30/2025

****OSPS Section Only****

Signature of DAFS Procurement Official:			
Typed Name:	Sterling Doiron		Date: 10/31/2025

Certificate Of Completion

Envelope Id: B176792D-EF13-4CD3-AF0E-C7C2F4FB6FD0

Status: Completed

Subject: Complete with Docusign: Ridesource_Procurement_Justification_Form_(PJF).docx.pdf

Source Envelope:

Document Pages: 3

Signatures: 1

Envelope Originator:

Certificate Pages: 1

Initials: 0

Sterling Doiron

AutoNav: Disabled

77 State House Station

Envelopeld Stamping: Disabled

111 Sewall Street

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

Augusta, ME 04333

Sterling.Doiron@maine.gov

IP Address: 71.169.188.88

Record Tracking

Status: Original

Holder: Sterling Doiron

Location: DocuSign

10/31/2025 | 08:01

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: 71.169.188.88

Timestamp

Sent: 10/31/2025 | 08:01

Viewed: 10/31/2025 | 08:01

Signed: 10/31/2025 | 08:02

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

10/31/2025 | 08:01

Certified Delivered

Security Checked

10/31/2025 | 08:01

Signing Complete

Security Checked

10/31/2025 | 08:02

Completed

Security Checked

10/31/2025 | 08:02

Payment Events

Status

Timestamps