



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.

**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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Department of Corrections		
Department Contract Administrator or Grant Coordinator:		Catherine Curry		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	18,000	Advantage CT / RQS #:	03F 2021092700000000800	
CONTRACT	Proposed Start Date:	October 1, 2021	Proposed End Date:	June 30, 2022
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:		Erin Chase Special Education Consulting; Portland, ME		
Brief Description of Goods/Services/Grant:		Special Education Consulting		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		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.

The purpose of this Contract is to provide special education support and coverage for the Arthur R Gould School at Long Creek Youth Development Center. The Provider will act as a consultant for the Special Education department of AR Gould school and school at large, providing license coverage as well as targeted support. AR Gould, like all public schools, is required to have someone with an appropriate license consult or work with the school for a minimum of 5 hours per month. In this role Erin will be focusing on supporting our staff as they complete IEP paperwork and tasks associated with the IEP process.

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

The Provider has experience in both Special Purpose Private Schools and Public schools making her uniquely qualified to help support us in our work with students transitioning between schools across the state. Erin comes recommended by DOE contacts and has extensive experience in diverse special education settings. Her experience in Social Emotional Learning and supporting paperwork compliance are of particular interest to us.

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

The Provider will bill \$125.00 per hour not to exceed \$18,000. By comparison with other providers, the Department considers this rate to be fair and reasonable.

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

The Department remains committed to exploring competitive services whenever possible, particularly with Maine based entities.

### PART IV: LATE JUSTIFICATION

1. Is the vendor currently working?  Yes  No – If No, proceed to Part V


2. If you answered Yes to question 1, explain why the vendor is working before the contract is final approved.

### PART V: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

1. Does this request utilize ARPA/MJRP Funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part VI

PART VI: APPROVALS			
Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
			
Printed Name:	Ryan F. Thornell	Date:	10-18-2021
Signature of DAFS Procurement Official:	DocuSigned by: William J.E. Allen		
	Printed Name:	<small>2D5B6E39F57E44A...</small> William J.E. Allen	Date:

NOI 1120210904 11/10/2021 - 11/16/2021