



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:		DOE-Education In The Unorganized Territories (EUT)	
Department Contract Administrator or Grant Coordinator:		Cathy Severance cathy.g.severance@maine.gov	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$29,520.00	Advantage CT / RQS #:	05C20230809*291
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	8/15/2023	Effective Date:
	Previous End Date:	8/14/2024	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Lindamood-Bell Learning Processes 1349 Centre St., Newton, MA 02459	
Brief Description of Goods/Services/Grant:		Click or tap here to enter text. Additional funding is needed for a newly identified EUT Special Education Services student in Edmunds Twp for AY23-24 for 200 Sessions of 1:1 Sensory-Cognitive Instruction-Online	

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 checked="" 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. University 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.

The purpose of this Amendment is to provide funding for a newly identified Edmunds Twp EUT student for Sensory Cognitive Instructional services. The instructional services must be delivered by a Provider with required specialty skills that are above and beyond a typical provider and is delivered more frequently. The Provider shall provide the service with the newly identified student during the 2023-2024 academic year for a total of 200 days beginning 11/06/23-06/14/24 at a daily rate of \$147.60 for a total of \$29,520.00.

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

This specialized student instruction is delivered by those with the required skills above and beyond a typical provider and is delivered more frequently. Students require this specialized instruction in order to make better connections to letters and letter sounds. This specialized program delivers that additional instruction. **The students IEP Team has determined that AY23-24 services are needed for at least 200 days.**

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

The costs for this service are typical for the service provided and are equal or lower than what other districts are charged for the same service in Maine. There are no other trained providers of this program immediately available to the EUT. The provider is providing a 10% school year discount in order to reduce the added overall instructional costs for the EUT for this service.

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

This is a unique and specialized provider of Sensory Cognitive Instruction services that were not previously available to the EUT. The EUT continually inquires, coordinates and collaborates with local area school districts in order to gain information in order to acquire additional providers who are qualified and/or already providing services in other local districts.

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

Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Jessica Nixon</i> BDCA32204012424...	
	Typed Name:	Date:

Typed Name:	Jessica Nixon, Chief of Operations	Date:	11/7/2023
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Signature of DAFS Procurement Official:	DocuSigned by: <i>Michelle Fournier</i> 066BBD96EE5347F	
	Typed Name:	Date:

Typed Name:	Michelle Fournier	Date:	11/8/2023
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Certificate Of Completion

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Subject: Please DocuSign Lindamood-Bell PJF	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Matthew Vaughan Matthew.S.Vaughan@maine.gov
Envelopeld Stamping: Enabled	IP Address: 64.207.219.136
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

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Signer Events

Jessica Nixon
Jessica.Nixon@maine.gov
Chief of Operations
Maine Department of Education
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

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