



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:		Education – Office of Special Services and Inclusive Education	
Department Contract Administrator or Grant Coordinator:		Stacey Bean	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 23,500.00	Advantage CT / RQS #:	20230913*0726
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date: 9/30/2024
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:		Gallant Therapy Services 12 Schuman Avenue, Suite 16 Augusta, Maine 04330	
Brief Description of Goods/Services/Grant:		Provide Assistive Technology (AT) device demonstrations and short-term loans to individuals with disabilities of all ages, their families, educators, health care professionals and other community service providers.	
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. 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.

This contract is funded under the "State Grants for Assistive Technology," Award #1601MESGAT, CFDA 93.464, administered by the US Department of Health and Human Services (DHHS), Administration for Community Living (ACL). Under this agreement, Gallant Therapy Services will be a participating AT provider for the Maine CITE Program and taking the place of CARES, Inc., which is unable to provide these services beyond September 30, 2020.

The Maine CITE Program is a statewide comprehensive program to increase access to, and acquisition of AT devices for people of all ages and disabilities covering the life domains of education, employment, community living and information technology/ telecommunications. AT devices are any item, piece of equipment, or product--whether acquired commercially or customized--that will increase, maintain or improve the functional capabilities of a person with a disability.

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

In accordance with the *Assistive Technology Act* of 2004, as amended (*AT Act*), the Maine DOE submitted a statewide and comprehensive State Plan for Assistive Technology to the US DOE, Rehabilitation Services Administration (RSA). RSA approved the State Plan, the Maine CITE Program, which specified the services that Maine will provide, and the AT provider organizations that will deliver those services. The Plan specifies several AT providers that will provide AT services; however, CARES, Inc. will no longer be providing these services after 9/30/20. Gallant Therapy Services will replace CARES, Inc. in Maine's State Plan for Assistive Technology.

Performance data, collected and reported by this Provider are used to assess and improve the Maine CITE Program, and to demonstrate that the State is meeting the performance goals of the Maine CITE State Plan for AT.

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

Annual AT grants awarded to states are driven by formulas. Contracts with this Provider will, as in the past with CARES, Inc., be based on the AT demonstration and loan services to be delivered. These services have been level funded for over seven years.

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


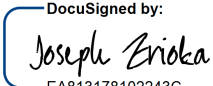
Members in the Maine CITE Program are cognizant of any new AT providers entering the field; however, under federal grant requirements, the grant will fund only those providers who offer AT device demonstrations, device loans/acquisitions, device reuse and recycling, or technical assistance pertaining to Accessible Educational Materials (AEM). Federal guidelines stipulate that the Maine CITE Program will provide for statewide, comprehensive AT services for individuals with disabilities of all ages, covering all disabilities. Gallant Therapy Services will be part of Maine's AT Consortium, a coordinated statewide network of service providers, specializing in AT services for individuals with disabilities of all ages.

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):			
Typed Name:	Daniel A. Chuhta	Date:	9/25/2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	11/8/2023

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AutoNav: Enabled	Envelope Originator: Daniel A. Chuhta Daniel.Chuhta@maine.gov
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Signer Events

Daniel A. Chuhta
Daniel.Chuhta@maine.gov
Deputy Commissioner
Maine Department of Education
Security Level: Email, Account Authentication (None)

Signature


Signature Adoption: Drawn on Device
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